HOW THEN SHALL WE SUFFER? LIBERATING GOD TO TRANSFORM OUR PASTORAL CARE

LIBERATING GOD TO TRANSFORM OUR PASTORAL CARE

By

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A DEMONSTRATION PROJECT

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ABSTRACT

This Doctor of Ministry demonstration project explores the connection between ACPE students' abilities to deal with their own suffering and their ability to be pastorally present to their patients' sufferings. My basic premise is that there is a strong correlation between these two abilities. Part of the work necessary in CPE is to help students find ways to access and deal with their "operational" theologies—the unconscious beliefs, images, and ideas that shape their sense of self, world, and God. These operational theologies are often caused by unresolved suffering. For this research study I refined a curriculum tool called the spiritual autobiography of suffering exercise. This tool enables students to explore their experiences of suffering from a spiritual perspective and to understand the impact of those experiences upon their spiritual development and operational theology. The research, conducted with two extended unit ACPE groups, demonstrated that after completing the exercise, students' abilities to employ reflective and empathic listening skills increased.

This demonstration project advocates for the inclusion of spiritual history and development in the way ACPE interprets the outcomes and objectives of its curriculum in order to help students develop healthy, congruent pastoral identities. Within this demonstration project, I explore the theological and biblical foundations for developing a new hermeneutic of "liberating God" from the negative, abusive, judgmental images that so often are at the root of soul wounds. This liberation of God goes hand in hand with theliberation of one's self. This is facilitated by reframing the question of "why do we suffer?" to "how shall we suffer?" Asking how we shall suffer recognizes that suffering

is a reality that we cannot change or avoid, and that when it does happen our only choice is to decide how we shall suffer. Choosing to deal with suffering--to go through the pain, fear, and other negative emotions--and to develop a conscious relationship with those feelings and experiences rather than trying to ignore their impact, allows us to be transformed by God's love. This transformation allows us to begin to create meaning out of the suffering so that it can become a source of compassion and a resource for pastoral care.

To my partner, Katherine Marie O'Brien,

whose love is like the wind in my sails, taking me to new and wonderful places. She has believed in me and helped me to find myself and the presence of God in my *ohana*. I am grateful beyond measure and blessed beyond words for all her support, love, confidence and help. Thank you Katie.

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INTRODUCTION

> Formerly, when you did not know God, you were enslaved to beings that by nature are not gods. Now, however, that you have come to know God, or rather to be known by God, how can you turn back again to the weak and beggarly elemental spirits? How can you want to be enslaved to them again? (Galatians 4:8-9)[1]

Paul wrote these words in his letter to the Christian converts in the churches in Galatia at a time when they were being "turned" to another form of Christianity preached and taught by missionaries who believed that Christians should continue to uphold the laws of Judaism. The Galatians were former pagan Gentiles who had a history of serving other gods. Paul makes an impassioned plea to the Galatians to hold onto the freedom and liberation that they have found in knowing and being known by God, and to refrain from elevating anything—including religious rules—as gods for them, lest they become enslaved again. Though Paul argues against following Jewish law, he does not advocate against Judaism. This is a dispute between different forms of Christianity. "From start to finish, Paul proclaims that God has acted to set the world right and to rescue us from slavery to human religious programs."[2]

When Paul speaks of the "weak and beggarly elemental spirits," he is possibly speaking of three different things: the basic foundations of other religious systems, the

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[1] All Bible quotes will be taken from *The Holy Bible*, New Revised Standard Version ed. (Nashville, Tennessee: Thomas Nelson, Inc, 1989).

[2] The New Interpreter's Bible Commentary [CD-ROM] (Abingdon Press, Nashville, Tennessee, 2002).

natural elements which many pagans had raised up to worship, and/or other cosmic spirits or powers of darkness associated with the natural elements that many people believed exerted a powerful influence in their lives (a common belief in the Greco-Roman world in which Paul lived).[3]

In our time, we are aware that often the forces which exert powerful control over our lives are not external but internal. They are the intra-psychic emotional and spiritual experiences we have internalized that shape us and our behavior. If Paul were writing this letter today, chances are that he would be urging us to claim the freedom that God has given us and to avoid turning back to our negative, wounding, internalized belief systems and patterns that keep us enslaved to our suffering and unresolved hurts. These are the powers with which most pastors and pastoral caregivers are engaged today.

In Clinical Pastoral Education (CPE) we work diligently to train pastors, ordained and lay, to recognize and work with the suffering of others. CPE is an experiential method of education in which persons first engage in actual ministry with people who are suffering or struggling, then reflect upon this ministry with a small peer group and a trained supervisor to learn from their encounters. This action-reflection model of education helps pastors build their pastoral skills and develop their capacity to understand themselves so they can, in turn, utilize their own experiences and their "selves" in ministry to others.

As a CPE supervisor, I have worked with many students over the years to help them learn how to give effective pastoral care to persons in crisis and to form or strengthen their pastoral identities through this action-reflection educational process.

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[3] Ibid.

One of the most important aspects of this training is helping students to understand that good pastoral care is not just something you "do" for people, it is about integrating the skills into who you are and learning to utilize yourself as a resource or instrument of God's care. I have learned over the years that there is a parallel between pastors' abilities to be present to the pain and suffering of a patient or congregant and their ability to explore, understand and learn from their own pain and suffering. This is an essential part of being a competent pastoral caregiver. In addition to developing good skills, a pastor must possess the emotional capacity to use those skills. This requires being with another person in the midst of his or her suffering and withstanding whatever emotional reaction that raises for the caregiver.

To develop both these capacities requires CPE students to learn not only how to help others to struggle towards freedom from their enslavement to suffering and woundedness, but also to engage in their own process of liberation by experiencing the transformation of those sufferings so that they become a resource of compassion. The Latin etymology of the word "compassion" is from "com" (a prefix meaning "with," "together," "in association," and, with intensive force, "completely"),[4] and "passion" (*an undergoing*, from passus, past participle of patī, *to suffer*).[5] Compassion means being *together with* someone as he or she *undergoes suffering*. Even the word "care" from its most ancient roots means to "cry out" or "lament."[6] When teaching pastoral care in

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[4] *Random House Dictionary.com: Unabridged*, http://dictionary.reference.com/browse/com/ (accessed February 10, 2007).

[5] *The American Heritage Dictionary Of The English Language,* fourth edition, "passion-dictionary.com." http://dictionary.reference.com/browse/passion/ (accessed February 10, 2007).

[6] The Gothic root of care is "kara" which means "lament" and the Proto-Germanic root of care, "gar" means "cry out, scream," as cited in *Dictionary.com Unabridged*, "care."

CPE, the initial focus is on helping students learn to demonstrate their compassion and care for their patients by being present with them in their suffering and by lamenting or crying out with them. Students learn to use reflective and empathic listening skills to draw out the story of pain and suffering from the patient. In so doing, the student chaplain becomes a witness to the importance and sacredness of the patient's experience and can manifest God's healing presence in the midst of the patient's suffering. This kind of care and compassion is the basis of spiritual healing.

As many CPE students attempt to lament with their patients and to be present with them, they encounter strong emotions—the patient's and their own—that can be frightening and overwhelming. Through verbatim accounts of their patient visits and sharing of experiences in their peer group, we explore the issues that cause students to end a conversation abruptly or to stay on the surface of friendly conversation rather than making themselves available to truly listen to the patient's deeper feelings of pain or fear. In many cases, the issues that arise touch upon subjects or experiences that are unresolved in the student. When this happens, we explore it within the CPE process to help the student understand what part of his or her past is surfacing in the present. Some issues require help that is beyond the CPE educational framework. In those cases, I urge students to find appropriate professional help. However, there are many issues that do fall within the scope of the CPE process that need to be integrated into the student's pastoral functioning.

CPE is often the first experience that students have of actually practicing professional ministry. It is sometimes the first sustained experience of applying their "professed" theology—the ideas and beliefs about God that they profess—to real people

who are suffering and hurting. As they do this they often realize that their actions and feelings are not congruent with their professed beliefs and learned theology. In *Taking on the Gods: The Task of the Pastoral Counselor*, Merle Jordan refers to the theological beliefs and images of God out of which we work as "operational theology."

> Operational theology, in contrast to professed theology, looks beyond an individual's verbally and intellectually articulated theology to the dynamic images, mental representations of God, world view, maps of reality, belief systems, and value systems which actually dominate the life experience of people. Edwin A. Hoover defines operational theology as "a person's beliefs about the world, humankind and God, based on experience, perceptions, myths and hopes and person's belief about his/her place in relation to all this." Operational theology refers to the implicit religious story by which one is living, including unconscious material.[7]

As Jordan points out in his book, each one of us has an operational theology. Our task is to work toward bringing it into congruence with the truths of our faith traditions and the revelation of the loving, liberating God. This requires looking at the ways we are enslaved to operational theologies that cut us off from living in the freedom that God offers to us. Part of the task of CPE, therefore, is to help students to explore their operational theologies and to help them identify the places where they may be enslaved to "the weak and beggarly elemental spirits" so that they can find new paths toward God's healing and liberation. This process of self-examination in turn enables students to more effectively accompany patients on their own journeys out of their enslavement to suffering.

The focus of this demonstration project was to refine a curriculum tool that I have used in CPE to help students look at their experiences of suffering and the impact of

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[7] Jordan cites a personal conversation as the source of his quote from Edwin A. Hoover in Merle Jordan, *Taking on the gods: The Task of the Pastoral Counselor* (Nashville, Tennessee: Abingdon Press, 1988), 29.

those experiences upon their spiritual development and operational theology. I also researched the impact of utilizing this tool on the pastoral care skills of two extended student groups. The tool that I worked with in this project was a writing exercise called the spiritual autobiography of suffering.

The Spiritual Autobiography of Suffering Exercise

My association to the term autobiography is a story that encompasses most of one's life. In the ACPE supervisory certification process it is a requirement to include a five page, single-spaced autobiography that reflects important events and people in one's life at every step of the process. On ACPE applications the first question among the required essays asks the applicant to write an autobiographical statement of a similar nature. The spiritual autobiography of suffering tool that I write about in this demonstration project is not that kind of autobiography. It is not an overview of one's life or even of one's spiritual life. It is a writing exercise in which one delves deeply into a particular event or moment in time and writes from the perspective of being in the experience—bringing it to life again for themselves and for the readers in as much detail as possible. It is as if one goes back in time to re-inhabit the experience, rather than standing far away and reflecting on it. I first encountered this writing exercise in a course I took at The General Theological Seminary with Katherine Kurs, M.Div., Ph.D. For reasons I share more in detail in the next chapter, I took her course in writing spiritual autobiography, then followed that with the course she taught in reading spiritual autobiography. The writing exercises that she used offered me the opportunity to grow personally in ways I could not initially have imagined. It turned out to be one of the most healing experiences of my life, although it was not easy or pleasant to come face to face

with aspects of myself and my beliefs about God that I felt I should have outgrown years ago. In her book, *Searching for Our Souls,* Dr. Kurs writes the following about her initial work with spiritual autobiography:

> In 1994, I began to teach religious studies at the college level and, unsurprisingly, one of the first courses I put together was "Readings in Spiritual Autobiography." It seemed to me that my students, many of whom were returning to school at an older age, had more than just an academic interest in the topic. It soon became clear that their spiritual and existential questions sat right alongside of the more scholarly concerns that they hoped to pursue.[8]

In her courses Dr. Kurs offered the opportunity to read and write about personal experiences which explored these "spiritual and existential questions." Reading, writing, sharing, and reflecting on these deep questions and issues of myself and others was healing and integrative. I was most blessed to continue to work with Dr. Kurs in writing groups and in individual spiritual direction after these courses ended. In time I wanted to share the transformation I had experienced with my students and I began a process of adapting Dr. Kurs' writing exercises into something that would work in the CPE process. In chapter IX, on research methodology, I write in some detail about the process of refining the tool for this purpose.

As I began to utilize the spiritual autobiography exercises to help students access their operational theological beliefs and images of God, I realized that I was exploring the territory of their spiritual lives in new ways. Helping students reflect upon the impact of their spiritual history and development on their pastoral care and pastoral identities pushed me to learn more about spiritual autobiography and the use of narrative. Interestingly, though not surprisingly, the area in which this is dealt with most is in

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[8] Katherine Kurs, ed., *Searching for Your Soul* (New York: Schocken Books,), xxiii.

spiritual direction. In her book *Uncovering Stories of Faith: Spiritual Direction and Narrative*, Dr. Janet Ruffing writes:

> The help that one person gives another in order to encourage that person's spiritual development has long been called spiritual direction in the western Christian tradition, and the term spiritual director is given to the person who offers this help.[9]

Spiritual direction is not the same discipline as CPE supervision. Spiritual directors are focused upon the spiritual growth of their directees. They are primarily interested in their directees on-going relationship with God. CPE is an educational process. CPE supervisors are interested in helping persons to develop pastoral skills and to forge their pastoral identities in healthy, functional ways. However, just as the discipline of psychology has offered us many insights and tools to utilize in the process of pastoral formation, spiritual direction also offers us a way to balance our efforts to include essential aspects of students' spiritual lives into their pastoral care-giving and their pastoral identities. Writing spiritual autobiography to explore one's spiritual history and development in order to grow, according to Dr. Ruffing, began with St. Augustine.

> The narrative form, originating in Christian experience, which most directly influences the spiritual directive narrative is the invention of the spiritual autobiography in the *Confessions of St. Augustine.* Augustine adopts the literary form of the journey from Roman prose, a narrative of dramatic outer events, and uses it to describe the drama and intensity of the growth and development of his inner life. Augustine manages to shift the drama of salvation history to its microcosmic form as it is played out in an individual human person. This shift to the individual's narrative expresses the Christian conviction of the unique worth and value of every human person because God chooses to be concerned with each of us. [10]

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[9] Janet Ruffing, *Uncovering Stories of Faith: Spiritual Direction and Narrative* (Mahwah, New Jersey: Paulist Press, 1989), 2.

[10] Ibid., 52.

In pastoral care we have long depended upon patient narratives as the basis for our work. We know that sharing stories is healing and even transformative, even when the stories are about suffering and pain. Sharing the suffering story allows a person to begin to shift in understanding and locate new meaning in the experience. This kind of shifting is one of the primary ways that we break free from the hold that suffering can exert upon our lives and learn to put it in new perspective so that it is not forgotten but becomes a well of strength for ourselves and for others.

> Experiences that are transformative, that alter one's vision of reality require the creation of an identity narrative which can integrate past and future with these experiences.[11]

It stands to reason then that we would utilize this kind of tool in CPE to work with the suffering experiences of our students so that they too can experience the kind of healing and transformation that they are working to enable others to experience. The spiritual autobiography of suffering exercise that I have adapted from Dr. Kurs invites students to work with the operational theological issues that are impacting their pastoral care, their sense of pastoral identity and their relationship with God. It offers them the opportunity to create an intentional relationship with their own suffering which helps them to come to a greater acceptance and appreciation of the complexity and beauty of their own spiritual issues. As Dr. Kurs writes:

> Yet even on the printed page, we are, ultimately, "works in progress," and what I believe these stories demonstrate is that the spiritual life is much more nuanced, and much more riddled with trepidation and ambiguity, than we might have ever imagined or foreseen. Spiritual autobiographies often resound with what we might call "outsiderness."[12]

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[11] Ibid., 67.

[12] Kurs, *Searching for Your Soul,* xxviii.

Accepting one's "outsiderness" is essential for pastoral caregivers who are working with people who are sick, suffering or marginalized—those who are, or who have become, outsiders. For all of our technical advances in medicine and science, illness is still feared by most people. Sickness, hospitalization and suffering are often places of marginalization that put people on the outside of "normal" life.

If we as pastoral caregivers have any hope of helping the people in our care to navigate these wilderness places, we need to have traveled them within ourselves and developed familiarity with the terrain. This is especially true of CPE supervisors. It is essential that if we are asking our students to do spiritual work, we must be willing to engage in that work in appropriate places ourselves. In the following chapters I recount my own process of utilizing the spiritual autobiography of suffering exercise for my own growth and also how I have used it with students. I also include one of my spiritual autobiographies (see Appendix C). This terrain is often difficult and painful because it leads us through our suffering rather than away from it. Though the journey can be arduous, it is also richly rewarding. As we wander through these wilderness places we encounter many others who are also searching and longing for freedom. These seekers—who share our struggles, offer us guidance and challenge us to keep going—ultimately help us through the wilderness to the Promised Land. With their help and God's grace, we are transformed from being enslaved to suffering and death, to being liberated, compassionate children of God who can help others through their wilderness journeys.

CHAPTER I

INTRODUCTION TO THE SETTING

General Setting

Christ Hospital is a 230 bed, community hospital located in Jersey City, New Jersey. Jersey City is called "America's Golden Door," a reference to the Emma Lazarus poem inscribed on the base of the Statue of Liberty, in whose shadow Jersey City lies. During the time that Ellis Island was in use processing new immigrant persons into the USA, many people who were headed to other parts of the country came through Jersey City, where there were trains to take them to their destinations. Jersey City is still an immigrant town, with over 160 languages spoken. It is located in Hudson County, one of the poorest counties in New Jersey. Jersey City is primarily an inner-city urban area, and has no suburban communities around it. This is significant because there are no surrounding wealthy communities to contribute money for services or programs for poorer residents within Jersey City. This makes us unique among inner-city areas in New Jersey. Our patient population continues to be the immigrants and the long-time residents of the area who are often uninsured or underinsured. Socio-economically our patients tend to fall on the lower end of the scale and we see a preponderance of ailments that are common in low-income, polluted, urban areas—asthma, diabetes and cancer, among other things. The current neighborhood population is made up of Hispanics, Caucasians—largely of Italian or Irish descent, African-Americans, Filipinos, Asian Indians, Pakistanis, and people from various Arab countries.

Christ Hospital was founded almost 135 years ago by a group of Episcopal priests in the area with a mission to offer healthcare to all, regardless of religion, creed or nationality. This was ground-breaking at a time when religious hospitals tended to only serve their own. Christ Hospital remains committed to that vision of inclusivity. It remains one of only five Episcopal hospitals left in the country and is affiliated with the Diocese of Newark of the Episcopal Church, USA. The Bishop of the Diocese is the chair of the Canterbury Board, one of two boards that run the hospital.

Christ Hospital has had an accredited ACPE program since 1984. Currently we run multiple extended units during the academic year and one full-time summer unit. The summer unit primarily consists of full-time students from seminaries in the area. During the year we get a wider variety of people, educationally, ethnically, religiously and socio-economically, including some immigrants, who are in ministry avocationally or who are trying to get credentialed to go into vocational ministry. When I began this project Christ Hospital was a 380 bed hospital. Due to major, long-term financial problems, the hospital down-sized to 230 beds in September and October, 2006. This also meant a significant reduction in force. The financial feasibility of maintaining the ACPE program remains an open question.

Specific Setting

Christ Hospital is part of the Eastern Region of the Association for Clinical Pastoral Education, Inc., (ACPE). The ACPE is a multicultural, multifaith organization which seeks to provide education and to improve the quality of ministry and pastoral care amongst persons of all faiths through the methodology of clinical pastoral education, (CPE). CPE is a form of theological education that takes place in clinical settings where

ministry is actually being practiced, such as in hospitals and health care facilities of all kinds. CPE is an experiential method of learning that involves doing ministry and reflecting on that ministry in an in-depth way with a peer group and a supervisor.

The Association for Clinical Pastoral Education, Inc. accredits training centers, and certifies Supervisors. There are 350 accredited centers and 600 certified Supervisors. The ACPE is made up of nine regions. The Eastern Region, to which Christ Hospital belongs, covers the geographical area that includes New Jersey, New York, Puerto Rico, Connecticut, Delaware, and all of Pennsylvania, except for the Pittsburgh metropolitan area. It is made up of 46 accredited centers.

Focus Situation

The ACPE Standards set forth learning objectives for CPE and specific outcomes for each level of CPE (Level one, Level two and Supervisory training). These objectives and outcomes are set forth in three areas of curriculum: pastoral formation, pastoral competence, and pastoral reflection. The ACPE Accreditation manual incorporates core curriculum requirements which must be included in some manner in each accredited ACPE program. These are intended to ensure that students have the opportunity to become proficient in articulating a coherent theological position, demonstrating an understanding of behavioral sciences, and integrating these two areas.

The methodological focus in certifying supervisors is in the study and integration of theology, personality theory and educational theory. While several of the outcomes and objectives focus on integrating personal history, relationships and religious heritage, these are most often understood in psychological or emotional terms. There is a lack of curricula and educational tools that specifically address the impact of students'

experiences of suffering and how these have consciously or unconsciously shaped their ability to deal with the suffering of other people and their operational image of, and relationship with God.

Students need to explore their own experiences of suffering from a spiritual perspective to develop a greater awareness of their operational theology and how it impacts their pastoral identity and functioning. This exploration enables students to increase their capacity to be emotionally present to patients in their suffering by experiencing healing from any unresolved spiritual wounds which are still unconsciously affecting their image of God and sense of self negatively. This process also allows students to meet the pastoral formation and pastoral integration objectives and outcomes of CPE more fully.

Challenge Statement

Traditionally, ACPE curriculum has focused on developing students' abilities to articulate the impact of their religious and personal history upon their pastoral identity and functioning through the use of theology and behavioral sciences. There is a lack of educational resources for working with the impact of students' responses to their personal experiences of suffering on their spiritual life. A survey of ACPE Supervisors in the Eastern Region was undertaken to determine how they deal with these issues, and an educational resource was developed and tested to explore how students' responses to their own suffering impacted their pastoral functioning.

CHAPTER II

SPIRITUAL LIFE & PRACTICE

Like many CPE Supervisors, I experienced my early units of CPE as transformational. My colleagues and I have often reflected upon the way the CPE process changed our lives and how part of our vocation of supervision stems from the desire to share this profound sense of transformation with others. Perhaps we supervisors are evangelists at heart, spreading the "Good News" of the CPE process.

Because of my experience in CPE I came to value the process both personally and professionally. It was not until well after my final supervisory certification that I began to recognize the spiritual gap in our system, and indeed in my own life. A series of very difficult life experiences, including the death of my father, the loss of a great deal of weight, the break-up of a significant relationship, and a denominational change, left me spiritually weakened and emotionally bankrupt because of so many profound shifts in my identity. It became clear that my language and systems of meaning-making (even within my profession) were of limited effectiveness in helping me through my crisis. Though it was painful to realize these limits, it forced me to expand my thinking and searching for new ways of making meaning and dealing with my spiritual issues.

In searching for new spiritual practices that would help me, I took a course at The General Theological Seminary with Dr. Katherine Kurs writing spiritual autobiography. However, the instructions were not focused on writing overviews about our religious or

spiritual experiences, or our chronological spiritual timelines. We were given assignments to read, including articles, stories and Biblical passages, and asked to use them as portals to write about something from our own life. We were to write detailed "snapshots" of particular life experiences. Exploring these detailed snapshots of events, "re-membering" them and looking for God within the text of my own life helped me to begin to access parts of my history with God that I had not consciously remembered, much less realized their continuing impact upon my current relationship with God. Getting in touch with my unconscious feelings and beliefs about God was, in turn, painful, joyful, and surprising, but definitely liberating. As I became aware of these things, I began to realize how much more available I was in my supervision of students—noticing subtle, but often profound spiritual issues that were affecting students in their delivery of pastoral care and in the formation of their pastoral identities.

One example of how I used this tool in my supervision was in my work with "T." T, a middle-aged man was struggling with claiming his pastoral authority. We explored this issue from various vantage points. He had had a previous career as a business executive in which taking authority had never been a problem. He was somewhat baffled by his extreme reticence in this area. I tried working with his theological ideas about pastoral leadership—they all seemed helpful, though academic. We explored his history of engaging with pastoral types—all had been helpful, or at least benign. As the unit continued I asked the students to write a "verbatim with God." In this exercise students write up a conversation with God, verbatim. They are free to choose any topic for the conversation. They write verbatim what they say to God and what they imagine God would actually say in response to them. I had used this tool for awhile because I found

that it was effective in eliciting students' operational images of God. T's conversation with God portrayed God as a very stern, unapproachable, judgmental figure. We worked with that in the group session, but it was difficult for him to own the picture of God that he had painted. He became more defensive than engaged with this issue. During our next supervision, I asked him more about this and invited him to share what he believed was his "real" image of God. He began to talk about God as a creator and how "He" can re-make us when we are flawed in some way or need healing or repair. He referenced the image from the book of Jeremiah in which God is a potter who is displeased with his creation and "smashes" the pot in order to start over again. The violence of that image struck me. I shared that with T and we began to explore this aspect of his image and experience of God. I asked him to write a spiritual autobiographical reflection—a detailed snapshot of an experience that seemed relevant to him, whether or not he considered it "spiritual" or not. What he wrote surprised him even more than it did me. He wrote about a time when he was 12 years old when his father had become so angry with him that he had smashed him against a wall. As we explored this incident, he shared that his father had always been verbally abusive, and that he was often frightened of him becoming physically violent because he had done so on occasion. Both of his parents were well-educated, professional people. He knew that they had gotten pregnant with him and got married because it was the socially acceptable thing to do. He had felt like a burden to them for most of his life. In fact, he felt that his parents, like Jeremiah's potter, would have preferred to smash their creation and start over again. I encouraged T to enter into therapy to work on the deeper emotional and psychological wounds of these issues and to seek spiritual direction to continue to work on his relationship with God.

We worked with these issues as much as we could in the educational framework of CPE. T was able to make some important connections between his history with his father and one of his deeper images of God. He then consciously began to try to separate the two and allow God to be different than his father. He experimented with praying differently and imagining God acting in different ways. This was a difficult process for T, and felt unnatural to him at first. However he was motivated to try to allow God to touch him in a different way. As he worked on this process, he became increasingly comfortable claiming his pastoral authority with patients and with staff. T realized that he was afraid of becoming a representative of a God who was abusive and punitive. Making room even for the possibility that God might be different from his father gave him more maneuverability on this issue.

William DeLong writes about this in his article entitled, "Supervising the Spiritual Self: The Use of Sustained Empathic Inquiry,"

> Supervision of the spiritual self is not new to pastoral supervision—most of us are consciously working with the student's beliefs about the nature of God and the interaction of humanity with God. However, when empathy is used, we move away from understanding the spiritual self of the student in an objective way to what I believe is the more powerful and transformative understanding: the student's subjective understanding of her or his experience of God. That means being more connected to students' mystical experience than with their stated formal beliefs, such as creeds, doctrines, or learned systematic theology.[13]

I have become increasingly sensitive to the impact of my own spiritual self on my supervision of students and my supervisory identity. I am also more deeply aware of the parallel of the impact of the students' spiritual selves upon their pastoral care with patients and their and pastoral identities. For example, T's operational image of God

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[13]William R. DeLong, "Supervising the Spiritual Self: The Use of Sustained Empathic Inquiry in Pastoral Supervision," *Journal of Supervision and Training in Ministry* 25 (2005): 106.

unconsciously dictated a pastoral identity that included representing an abusive, potentially violent God who would smash "His" creatures if unpleased and start over again. Getting to what DeLong refers to as the "subjective understanding" of T's experience of God, rather than his professed theological beliefs, helped him to move through this impasse and to formulate a healthier and more functional pastoral identity.

In CPE supervision we need to be concerned not only with healthy or functional theological beliefs, but also with these deeper subjective experiences of God. My own experience of being pastored through these deep waters transformed my way of thinking about personal spiritual struggles as a critical part of pastoral formation. Joann Wolski Conn, in her article, "Spirituality and Personal Maturity," in *The Clinical Handbook of Pastoral Counseling*, writes:

> Like spirituality as an academic discipline, faith-theory is concerned with what promotes or inhibits mature relationship to the Transcendent, it examines the complex characteristics of God-images, and a primary source of data are women's and men's autobiographical statements about their beliefs and values.[14]

In my personal experience, I had to encounter the limits of my known resources in order to learn what was inhibiting the maturation of my own relationship to the Transcendent. In so doing, I also developed a greater objectivity about the CPE process and the gap that exists in helping students in this way. This is what sparked my interest in this Doctor of Ministry project. The goal of my project was to demonstrate how engaging students in the process of spiritual autobiographical reflection about their experiences of suffering and the presence (or absence) of God during those times helped

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[14]Joann Wolski Conn, "Spirituality and Personal Maturity," in *The Clinical Handbook of Pastoral Counseling*, eds., Robert J. Wicks, Donald Capps, and Richard D. Parsons (New York: Integration Press, 1992), 39.

to access this deeper subjective material so that they could begin to deal with it, which would in turn improve their pastoral abilities. In the same way that attending to my process of unconscious beliefs and images of God freed me up to be a better supervisor, there was also a parallel process between students working with these issues and their ability to be good pastoral caregivers to their patients or congregants. This process of dealing with students' subjective experiences and beliefs about God were as critical to their formation of a healthy functioning pastoral identity as pastoral care skills, theological knowledge, and personal growth.

CHAPTER III

OUR HISTORY, OUR STANDARDS & OUR PRACTICE

The Impact of Our History on Our Standards and Practice

In the introduction to the standards of the Association for Clinical Pastoral Education, Inc. (ACPE) in part one, Roman numeral one, the ACPE declares its mission:

> The Association for Clinical Pastoral Education, Inc., (ACPE) is a professional association committed to advancing experience-based theological education for seminarians, clergy and laypersons of diverse cultures, ethnic groups and faith traditions. ACPE establishes standards, certifies supervisors and accredits centers to provide programs of clinical pastoral education (CPE) in varied settings. ACPE approved programs promote the integration of personal history, faith tradition and the behavioral sciences in the practice of spiritual care.[15]

On the page facing this paragraph is the preface—the mirror image of this mission statement. This mirror image of the mission is the introduction of three of the founders of the CPE movement: Richard C. Cabot, William S. Keller, and Anton Boisen. The first two were physicians, the third was a minister. As Edward Thornton points out in his work, *Professional Education for Ministry: A History of Clinical Pastoral Education,* published in 1970, "in each instance the new profession [CPE] emerged as a result of the creative interaction of a theological educator and a concerned medical doctor."[16] Though

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[15] Standards Committee of the Association for Clinical Pastoral Education Inc, *ACPE Standards & Manuals for Professional Ethics, Accreditation & Certification* (Decatur, Georgia: Association for Clinical Pastoral Education Inc, 2005), 1.

[16] Edward E. Thornton, *Professional Education for Ministry: A History of Clinical Pastoral Education* (Nashville, Tennessee: Abingdon Press, 1970), 40.

there were divisions and splits that developed between the founders of CPE and the "schools" of training that emerged around them, ACPE's reliance upon, and valuing of this creative interaction between science and theology remains clear and unwavering. This collaboration which birthed the CPE movement is rooted in the contextual history of the major social, political, and economic changes that were occurring in the United States in the early 20th century and their impact upon religion and theology. Changes in religious ideas and new understandings of psychology pervaded the landscape, which began to impact the training of ministers. In this new scientific age, religious leaders either forsook science and held fast to their faith as they already understood it, attempting to brave the storms of change around them, or they tried to embrace the changes and find ways to apply and integrate faith and theology with the new scientific studies and breakthroughs of the times. As these changes occurred, the role of the pastor shifted and an interest in understanding relational dynamics and the subjective experiences of people of faith began to evolve.[17]

Richard Cabot, one of the founders of CPE, was a physician from Boston. He felt that the most effective method of learning pastoral practice was in a clinical setting under supervision, much like medical students in their residency programs. Around the same time, William Keller, a physician in Cincinnati, began supervising Episcopal theology students who worked in social outreach settings. Utilizing case study methods, they would gather to discuss their work and how to apply theology. Anton Boisen, considered the father of CPE, was a minister. He originally worked with Cabot at

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[17] Joan E. Hemenway, D.Min, *Inside the Circle: A Historical and Practical Inquiry Concerning Process Groups in Clinical Pastoral Education* (Decatur, Georgia: Journal of Pastoral Care Publications, Inc, 1996), ch.1.

Worcester State Hospital in Massachusetts, along with Helen Flanders Dunbar, Carroll Wise, and Philip Guiles, three other key figures in the development of CPE. Boisen, in addition to his ministry, also struggled with bouts of serious mental illness. He became convinced that his experiences of illness held the key to his understanding of the human/divine situation. He began to study his own mental illness and came to believe that his psychotic episodes were emotional efforts to reorganize and heal his soul. He believed that since mental illness was as much a spiritual as a medical condition, students of religion in the pastoral field needed to learn about it. He developed his own case study method that focused in-depth on a patient's beliefs and religious experiences.

Eventually, Boisen and Cabot split because Cabot did not agree with Boisen's understanding of his mental illness. In time, others also went their separate ways; Dunbar and Wise moved to New York City and started their own clinical training program. This widened into a growing difference between those who migrated to the New York City area and those who remained in New England. Guiles and Cabot started The New England Theological Schools Committee on Clinical Training. They focused more on the relationship between the student and the patient, the development of pastoral skills, the application of theological concepts to parish ministry, and the integration of conceptual ideas and practical experience (which they called "clinical theology"). Their religious view of the self was more optimistic and they believed that a combination of rational discourse, common sense, and hard work could overcome self-deception and immorality and lead to personal growth and ethical formation. Another cornerstone of their philosophy was that trusting in an immanent divinity would lead to meaning in life and health. Meanwhile, Dunbar and Guiles established the Council for Clinical Training

in New York and were much more influenced by the medical/psychoanalytic model than theological tradition. They held that in order to develop pastoral competency, one had to have a psychodynamic understanding of one's emotions. Their religious view of the self was more pessimistic; they believed that freedom and self-actualization could only be achieved by understanding and working through inner conflicts. Through this process, one could experience an enlightenment or conversion by the grace of God.

These differences continued to play a role in the development of CPE, even after the various CPE organizations came together. Though their foci grew in differing directions, both groups maintained a heavy reliance upon the medical model for clinical training and the creative interaction between theology and science.

The impact of this history is still felt in ACPE as an organization and as a theological movement. One of the places it shows up clearly is in the section in the ACPE Standards Manual and the Accreditation Manual that deals with curriculum and the educational objectives and outcomes for CPE. The ACPE offers three levels of CPE: Level I, Level II and Supervisory. Level I is for beginning students and has nine outcomes which can be achieved within one unit, though some students may need more time. Once students have completed the outcomes for Level I they are eligible to do Level II CPE. Level II is for advanced students and has eight outcomes which generally take at least two to three units to complete. Supervisory CPE is for persons who are training to become ACPE Supervisors. For our purposes here I will be focusing on Level I and Level II CPE. Within both levels of training, the poles of influence of the New York and Boston methods can still be felt in the way that the objectives and outcomes are written and interpreted. For example, Level I outcome 311.2 states: "identify and discuss major life

events, relationships and cultural contexts that influence personal identity as expressed in pastoral functioning."[18] In practice, the ability to identify the impact of major life events and relationships on one's personal identity hearkens back to the psychodynamic model of the "New York" group and their belief that one must achieve self-actualization by dealing with one's inner feelings and conflicts caused by significant relationships and events to be an effective pastor. Outcome 312.3, from Level II CPE, is to "demonstrate a range of pastoral skills, including listening/attending, empathic reflection, conflict resolution/confrontation, crisis management, and appropriate use of religious/spiritual resources."[19] This outcome seems influenced more by the "Boston" group in that it is skill-focused and aimed at the student-patient relationship, rather than on the student's internal issues.

With this heavy reliance upon the clinical method of learning which was derived from the medical model and the social movement to integrate science and theology, ACPE has not tended to interpret its educational objectives or outcomes in spiritual terms, in spite of the fact that its mission is "to promote the integration of personal history, faith tradition and the behavioral sciences in the practice of spiritual care."[20] Basically, this has been interpreted to mean that a student learns how to integrate personality theories or psychological insights with theological beliefs and ideas in light of their faith tradition so that they can care for others spiritually. Though armed with many skills and self-

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[18] Standards Committee of the Association for Clinical Pastoral Education, 11.

[19] Ibid., 12.

[20] Ibid., 1.

knowledge, ACPE has not focused on attending to the spiritual issues of students even as they pertain to their ability to offer spiritual care.

In spite of the fact that the objectives and outcomes have generally not been interpreted in terms of spiritual issues, they certainly can be. If we broadened our hermeneutic to include in practice the importance of the impact of students' spiritual functioning upon their pastoral care, we could easily interpret the language of several of the outcomes for Level I and Level II CPE in terms of dealing with one's spiritual history and development as part of pastoral formation, reflection, and competence.

Broadening Our Focus: Our Standards & Our Practice

ACPE Standards 309 – 312 list the objectives for CPE, both Levels I and II (see Appendix F). It is noted that "CPE (Level I/Level II) enables pastoral formation, pastoral competence, and pastoral reflection….CPE…objectives define the scope of the CPE…program curricula. Outcomes define the competencies to be developed by students as a result of participating in each of the programs."[21] Standard 309 contains ten objectives subdivided into three curriculum categories: pastoral formation, pastoral competence, and pastoral reflection. For the scope of this project the four that are most relevant are listed here.

Pastoral Formation

309.1 To develop students' awareness of themselves as ministers and of the ways their ministry affects persons.

309.2 To develop students' awareness of how their attitudes, values, assumptions, strengths, and weaknesses affect their pastoral care.

[21]Ibid., 10-11.

Pastoral Competence

309.4 To develop students' awareness and understanding of how persons, social conditions, systems and structures affect their lives and the lives of others and how to address effectively these issues through their ministry.

309.6 To develop students' ability to make effective use of their religious/spiritual heritage, theological understanding, and knowledge of behavioral sciences in their pastoral care of persons and groups.[22]

Standards 311 – 312 contain the specific outcomes for each level of CPE. They are subdivided into the same three curriculum categories. Level I has nine outcomes and Level II has eight. Level I has two outcomes that are relevant to this project, both under the curriculum category "pastoral formation."

311.1 articulate the central themes of their religious heritage and the theological understanding that informs their ministry

311.2 identify and discuss major life events, relationships and cultural contexts that influence personal identity as expressed in pastoral functioning.[23]

Level II also has two relevant outcomes:

Pastoral Formation

312.1 articulate an understanding of the pastoral role that is congruent with their personal values, basic assumptions and personhood.

Pastoral Competence

312.6 demonstrate competent use of self in ministry and administrative function which includes: emotional availability, cultural humility, appropriate self-disclosure, positive use of power and authority, a non-anxious and non-judgmental presence, and clear responsible boundaries.[24]

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[22]Ibid., 10.

[23]Ibid.,11.

[24]Ibid., 12-13.

Traditionally all of the objectives and outcomes for ACPE have been interpreted through the lens of theology and behavioral sciences, particularly psychoanalysis and psychodynamic psychology. Theology is usually approached from an academic perspective. We seem to be most interested that the theological concepts which our students bring to CPE, or which they develop or shape during the program, be congruent with the psychology or behavioral sciences they learn to use. We go to great lengths to focus these two lenses as they relate to major issues, such as suffering.

It is just as important in CPE group sessions and individual supervision sessions to work towards congruency between the theological ideas and the actual spiritual experiences of the student. For example, if a student is proclaiming a loving God, but acts in judgmental ways or speaks of God as punishing, there is a lack of congruency between their professed image of God and their actual behavior. In my supervisory practice, I've found that there are different levels of congruency of which we need to be aware. Most students of theology can quickly adapt their academic ideas to fit a situation, such that the intellectual ideas or beliefs they profess are congruent. However, their actions at times demonstrate something quite different. When dealing with the suffering of real people, students' anxieties force them out of their heady intellectual answers, and deeper levels of incongruence often become apparent. These issues are usually rooted in the students' own experiences of suffering and the meaning (or lack thereof) they have made out of those experiences. In CPE we have used psychological tools almost exclusively to get at these issues. When we talk about integrating personal history, it is generally through psychological or therapeutic means. Professionally, in consultation with other supervisors, we often talk about referring students to therapy, and

when and how we draw the line between therapy and education. Having a clear boundary between these has become a mark of necessity and distinction. I personally have never been part of a conversation with CPE colleagues in which we spoke of referring people to spiritual direction or struggled with where to draw the line between supervision and spiritual direction. When I was in training, it was not uncommon for students to be met with suspicion by their supervisors when they talked about God, as if they might be hiding behind religious talk or avoiding talking about what was "really going on." It is as if our psychological bent is so strong, that even when we try to make sure we are not "doing therapy," we nonetheless continue to frame students' issues, problems, and strengths through those lenses. In so doing we either remove the "person" of God as an active or real part of these students' lives, or we relegate that relationship (or the impact of it) to a far less important place than their relationships with other human beings, past and present.

My basic premise here is not that psychology should be replaced by spiritual development – far from it. Both are essential. What I suggest is that the exploration of how our historical and current relationship with God impacts our personal and pastoral formation must be raised to the same level of priority as our investigations about the impact of significant events and relationships with people. In CPE we are training *pastors*. It seems in our vital interest to bring the same scrutiny, exploration, and engagement to a student's actual relationship with God, as to their relationships with their families of origin and the families they have created for themselves. In spite of the fact that our psychological hermeneutic has dominated much of our practice, our history,

mission and standards also contain the seeds, the struggle, and the inspiration for movement in new directions.

CHAPTER IV

THE NECESSITY FOR THE CONTINUING EXPANSION OF THEOLOGICAL REVOLUTION IN OUR PERSONAL AND PROFESSIONAL PRACTICE IN ACPE

What were considered major social theological revolutions at one time are things that we often take for granted now. Most Protestants probably do not think much about the theological revolution that occasioned the religious birth of their movement, nor its costliness during the time of the Reformation. We simply go to church on Sundays and accept without question or thought that we are just a different denomination or branch of Christianity than Roman Catholicism. As an ordained woman I am cognizant of the theological revolution that brought about the ordination of women, but because I grew up in a religious tradition in which that was "allowed" since I was a child, I was not as aware at the time of the revolutionary nature of that decision by my denomination. Yet history bears the fruits of theological revolution and continues to provide us the seeds of the revolutions that still need to occur. Theological revolutions begin in the personal realm and grow from there, a gift of the Spirit that alights on the particular and sometimes catches fire.

In this section I will address three aspects of theological revolution as they pertain to this project. First, the theological revolution of CPE itself, and the natural progression of exploring students' spiritual lives as part of that movement. Second I will explore my own contextual theological development and its impact on my theological focus within my supervision and within this project. Finally, I will set forth six basic theological

theses that undergird my work and my use of spiritual autobiography of suffering in CPE and this demonstration project.

The Theological Revolution of the ACPE Movement

As the chapter on the history of ACPE showed, the social and scientific revolutions of the early 20th century in this country gave rise to some profound theological revolutions as well. The CPE methodology was one of these. Anton Boisen, the "father" of CPE wrote:

> Not in any revelation handed down from the past, not in anything that can be demonstrated in test-tube or under the microscope, not in systems found in books, nor in rules and techniques taken over from successful workers would I seek the basis of spiritual healing, but in the living human documents in all their complexity and in all their elusiveness and in the tested insights of the wise and noble of the past as well as of the present. To the ability to read these human documents in the light of the best human understanding, there is no royal road. It calls for that which is beyond anything that books or lectures or schools can impart and to which only a few can attain.[25]

Boisen's profound regard for the importance of a patient's experience and the skill required to learn to read the "living human documents" raised the lives and meaning-making capacities of people to greater prominence than ever before. Boisen's approach was theologically revolutionary in many ways. Reading and working with the patient's experience was raised to the level of sacred text study. In his keynote address at the International Network Pre-Conference of ACPE at Lake Geneva, Wisconsin in 2003, K. Samuel Lee, Ph. D., stated:

> One of the most important contributions that CPE has made to theology has been Anton Boisen's concept of "living human document."…By framing human experience as the text of a "living human document," Boisen elevated human experience as a legitimate source of theology. In living human documents, God's

[25] Anton Boisen, *Exploration of the Inner World* (New York: Willett, Clark & Company, 1936), 248-249.

> revelation is made; therefore they provide a rightful text as a source of theology. Perhaps not until Boisen was human experience as highly elevated as Scripture and Christian tradition as a source of theology. I propose that this, CPE's foundational precept of living human document, be viewed as a precursor to contemporary contextual theologies.[26]

Contextual theology deconstructs the myth that there is one objective theological viewpoint that should dominate interpretation of scripture or of God because all human beings come from a context and all contexts are constructed. Contextual or constructive theology recognizes the impact of the "social location" on the interpretation and understanding of a text. As teachers and supervisors steeped in the traditions explicated earlier, we have long recognized the contextual nature of CPE, even though we may still struggle to take it seriously in practice in certain areas. When we recognize and take seriously all the layers that create our contexts and construct our culture, we are pulled out of our pattern of thinking in binary oppositions: male versus female, black versus white, Christian versus Jew, and in terms of CPE, therapy versus education, or pastoral skill versus self-knowledge. For example, our struggle to integrate multicultural sensibilities into our curricula demonstrates our attempts to grapple with the complex cultural realities in our world, our faith communities, our students and our colleagues. Cabot, Boisen, Dunbar, and all the other founders of CPE lived within a very different worldview in which the recognition and appreciation of many of these kinds of factors most likely did not enter their minds. Theology was a white, European/American, male, upper middle-class, heterosexual domain. Inner experience was conceptualized very

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[26] Lee, K.Samuel, Ph.D, "A Prolegomenon to Multicultural Competencies in Clinical Pastoral Education" (speech delivered to International Network Pre-Conference of the Association for Clinical Pastoral Education, November 12, 2003, Lake Geneva, Wisconsin, 9-10).

differently then, and it was assumed that the experience of those few in power set the "norm" for everyone. Today, the numbers of factors that impact who we are and how we function can be overwhelming—race, class, gender, culture, sexual orientation, ethnicity, socio-economic status, religion, and more. However, even when we can account for all those things, we are still left with the unique experiences of the living human documents that construct meaning for themselves within the context of all these factors. This is a natural extension of Anton Boisen's ideas. I believe we need to update our understanding of these variables and add these theological issues to the list of ACPE competencies in which we expect proficiency.

This means that the theological aspect of ACPE training must include not only the ability to articulate an adequate, coherent theological ideology, but that it must also include and be congruent with persons' lived faith –their spiritual life—their actual relationship with God and an understanding of how their history and development in relation to God influences their functioning as pastors and pastoral caregivers. Theologian Dorothee Söelle, in similar fashion to Boisen, raises experience of God to new heights:

> Mysticism is *cognition Dei experiementalis* (the knowledge of God through and from experience). What is meant here is the knowledge of God that, instead of being obtained from instruction, tradition, books and doctrines, comes from one's own life.[27]

With this lesson in mind, we must be interested in the mysticism of our students, as much as in their academic theology. It is this experience of God that comes from their own lives that influences their decision to enter ministry, their decision to do CPE, their

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[27] Dorothee Soelle, *The Silent Cry* (Minneapolis, Minnesota: Fortress Press, 2001), 45.

capacity to minister to others, to become spiritually whole and to grow to become all that God has created them to be. As William DeLong writes:

> …faith is not secondary to the individual but is as basic an element as sexuality, identity, or other aspects of the self. This claim leads us to see each person as struggling not so much with whether or not there is faith, but rather with the more important question, "What is the object of the faith I already have?"[28]

What happens if we take seriously this spiritual aspect of a person's life? I suggest that inquiring into the object of students' faith and the way that these relationships function will render us more fully capable of reading the living human documents who are our students. Moreover, demonstrably valuing the spiritual nature of a student will enable her/him in turn, to read more effectively the living human documents who are their patients. This remains part of the theological revolution of ACPE.

My Theological Revolution

As a Master of Divinity student at Union Theological Seminary (1988-1991), I was steeped in cultural criticism, particularly liberation theology. At the time, it was a cutting edge and controversial place to be. In spite of that, though liberation might be the point, the method remained strangely similar to its predecessor: the historical-critical method. In *Reading from This Place: Social Location and Biblical Interpretation in the United States,* Fernando Segovia writes:

> The pedagogical implications of cultural criticism were very similar to those of historical criticism: all readers, regardless of their own theological beliefs or sociocultural contexts, could become informed as well as universal or committed readers if the right methodological tools and theoretical apparatus were properly

[28] DeLong, 101.

> acquired and taught. Learned impartation and passive reception thus remained the order of the day.[29]

What this meant theologically was that I learned to trust other people's voices and expertise far more than my own. It never occurred to me not to read the opinions of experts—though I was taught to be selective of the experts I chose. This hermeneutical approach led me to deal with biblical texts with great respect, but with some ambivalence. I read and studied them from historical critical, literary, and culturally critical perspectives in order to try to reconstruct the situation—the *sitz im leben,* and then tried to re-appropriate the "intended" message from the original context to something that made sense within the world in which we live today.

As an ordained lesbian woman, I have worked for the last sixteen years to find within the Bible a message of liberation, or at least the seeds of one, for those in our society who are marginalized or oppressed, including myself. As a feminist liberation theologian, I was taught to claim my particular "bias" as a white, lesbian woman originally raised and ordained in the conservative, Southern, United Methodist Church, who served in the UMC in New York City and eventually was transferred/re-ordained as an Episcopal priest in a very liberal Diocese in the north. These factors are part of the context out of which I do theology.

My hermeneutical framework helps me not only to fight for my own liberation, but for my own justification within an oppressive patriarchal system. Though I have been persistent, it has been a losing battle. One aspect of becoming a CPE Supervisor for me was that it provided a meaningful and life-giving way of dealing with this feeling of

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[29] Fernando F. Segovia and Mary Ann Tolbert, eds., *Reading from this Place: Social Location and Biblical Interpretation in the United States* (Minneapolis, Minnesota: Fortress Press, 1995), 26.

"otherness" because it allowed me to locate myself primarily in the ACPE community, which is a much more liberal and accepting organization than my denominations.

Almost seven years ago I began working at Christ Hospital in Jersey City, NJ, which is an inner-city hospital in the poorest county in New Jersey. Our patients are racially and ethnically very diverse, though religiously they are predominantly Roman Catholic (about 55%). By and large, the people are socio-economically poor or working class. Doing ministry in this social location fired more of my desire to find biblical grounding for doing theology from a perspective of liberation for the poor and the oppressed. However, it has also made it harder for me personally as a lesbian clergy woman. As Mary Ann Tolbert writes in "Reading for Liberation": "Only a few well-groomed 'outsiders' are permitted access to hegemonic institutions, and their legitimacy is *always* open to question."[30] Among such a high number of ethnic, poor Roman Catholics, ordained women from any tradition are either invisible or oddities that don't compute. For my own congruency, I choose to be "out" at work. I make no bold declarations about myself; however I do not hide or use neutered language when I speak about my life partner. I am as casual as any heterosexual woman who speaks about her husband, however this act in and of itself is deeply political and can at times be very difficult with our more politically and religiously conservative (and sometimes superstitious) staff and patient populations. Christ Hospital is also constantly teetering on the brink of financial failure because of our geographic location and the fact that we have so many charity care and "self-paying" patients. Generally self-paying translates as very sick people without insurance, money, or any real hope of ever paying their medical bills.

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[30] Ibid., 268.

While we try to maintain a sense of "ministry" to the poor and needy, it not only costs us financially, but also emotionally as we all wonder how and whether we are going to have jobs, long-term. Just prior to the start of my research for this project the hospital down-sized from 380 beds to 230 with many lay-offs and cutbacks in staff.

These aspects of my personal and professional contexts take a collective toll. Doing the theological work for the Doctor of Ministry program and demonstration project clarified for me how much I have been trying to utilize the various modes of discourse in biblical criticism to find some sustenance, hope, and justification for myself within the traditional biblical and theological models. My previous hermeneutical construction was anchored in fighting the oppressive patriarchal system of interpretation of the Bible that defines gays and lesbians as an abomination and the downfall of society. This oppressive system exists not only within the Church, but within significant portions of my own extended family as well, which is, to a large extent, shaped by the Church. I have been struggling to claim not only the right to exist, but also to claim my existence as a blessing from God in a family, church, and work system that would be happy to "accept" me if I would keep my mouth shut and not make waves.

My own spiritual task of finding my own voice within this theological context has profoundly shaped my focus on helping my CPE students to find their voices. I have experienced this as an educational, psychological, theological, and spiritual imperative within CPE for years. Though I always knew why it was important to me from my own history, I did not allow myself to fully reckon with how much I must constantly fight to maintain my own voice within my various contexts. It is an on-going process. Realizing

this moved me to find a more focused, theological/hermeneutical lens through which to see myself and my supervision.

One of my primary research questions for this demonstration project was to explore the social/political/economic aspects of how our response to suffering impacts the oppressive patriarchal structures in which we live. Engaging a hermeneutical framework of "text as construct," as Segovia calls it, and understanding that all theology is local, constructed, and influenced by one's social location—even the "objective," mainstream, orthodox theology that we learn to breathe as if it is air—has been painful and wonderful for me. Painful in the ways I described above, in that it has brought me to a fuller awareness of the impact of the discrimination I still experience within my own social location. It has been difficult but helpful to acknowledge that I can still be rendered invisible and often silenced, even by myself at times, lest I lose whatever entré I have into the systems around me. I had come to experience that reality as a sense of depression that I assumed was a problem within me. It is wonderful that in seeking and struggling to engage these new hermeneutical ideas, I have felt a shift within me that has felt personally and professionally liberating, as well as less depressing.

Fernando Segovia's essay, "Toward a Hermeneutics of the Diaspora: A Hermeneutics of Otherness and Engagement," challenged me to begin to re-frame my own social location in a more empowering way. Segovia writes from his perspective as a Hispanic American, originally from Cuba, now living in the "diaspora." He shares his perspective and the power of being an "other" within mainstream culture.

> The very source of our alienation becomes thereby the very source of our identity. While regarded as 'others' in both worlds of our existence, the fact remains that we do live in both worlds and that we know how to proceed, at a moment's notice, from one world to the other. In other words, we know both worlds quite well from

> the inside and the outside, and this privileged knowledge of ours gives us a rather unique perspective: we know that both worlds, that all worlds, are constructions, rather solid and firm constructions to be sure, but constructions nonetheless.… Giving voice to this otherness of ours entails a threefold critical process of self-affirmation: (a) self-appropriation, or a retelling of our past and our history with our own eyes; (b) self-definition, or a retelling of our present reality and experience in our own words; and (c) self-direction, a reclaiming of our future and self-determination in terms of our own dreams and visions.… Thus, the voice of our otherness becomes a voice of and for liberation: not afraid to expose, critique, and provide an alternative vision and narrative; grounded in mixture as something not to be eschewed and marginalized, but valued and engaged; and committed to the fundamental principles of freedom and justice.[31]

Segovia's sense of the power that comes from the perspective of being an "other" in multiple worlds helped me to think differently about my own social location and that of others. He shows that in spite of the desire to feel empowered, being seen as an "other" within our culture can lead to passivity because of the overwhelming nature of the message to fit in, a message we receive loud and clear from various constituents—work, family, and Church. Taking back the power to claim otherness as foundational to identity rather than as a problem to be solved can lead to the ability to construct one's own history, identity, and direction. Rather than clamoring constantly to be accepted, being on the outside provides the distance necessary to see more clearly the problems of the dominant system, to critique that system, and to find one's voice for one's own liberation and for the liberation of others.

Theologian Ada María Isasi-Díaz, also originally from Cuba, writes in, "By The Rivers of Babylon; Exile as a Way of Life," of her relationship with Psalm 137 in terms of the way it illuminates her life experience as a Cuban exile and how she can utilize this awareness to create her biblical hermeneutics and her self-understanding. Exile has

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[31] Ibid., 65, 66, and 67.

always been a meaningful biblical and theological image for me personally and professionally. It is a way I have understood my own existence and my own social location. I have long yearned for my "homeland." However through this process of hermeneutical reflection I came to a deeper appreciation that the yearning for my "homeland" is actually a spiritual yearning to fit in, to be accepted, and to be able to return home freely. For me, it is less about a geographical state than a state of being. Exile is also a primary biblical metaphor that I use in CPE supervision with students when they encounter their own suffering, whether that be from their own experience of "otherness," their experience of feeling helpless in the face of others' suffering or spiritual crisis. Segovia and Isasi-Diaz point out the power of being in exile, not just the pain. Isasi-Díaz writes:

> Fourth, this psalm has helped me live my exilic existence as a vocation, affirming my exile but not allowing myself to be overcome by it, not giving in to despair and hate. If exile is a vocation, the pain one feels must birth new possibilities.[32]

For her, "exile" functions in the same way as Segovia's "other." The vocation of exile and the pain of birthing new possibilities can also be seen in her definition of her own hermeneutical framework:

> My biblical hermeneutics has as its central focus the binomial oppression-liberation. Central to it is the lived experience of Latinas, *lo popular*. Central to it is the multilayered oppression made possible and sustained in all aspects of our lives by sexism, ethnic prejudice, and classism. Central to it is a liberative praxis that has our work to become agents of our own history – the challenge to be self-defining and self-actualizing women – as an intrinsic element.[33]

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[32] Ibid., 158.

[33] Ibid., 154.

Holding together the realities of oppression and liberation—participating in multiple worlds and seeking to define one's own location for doing theology—is a spiritual task for all of us in some fashion or another.

Mary Ann Tolbert cuts right to the heart of the problem of trying to do this spiritual work while being part of the patriarchal system that is so pervasive in our world and in our religion. This system is designed to keep the dominant group on top by keeping others separate and fighting amongst themselves. In "Reading for Liberation," she speaks of the various ways we benefit from the hegemonic system and the ways we are excluded. As a woman, I have access to less power than a man. As a lesbian woman, I am even more of an outsider. However, I am also white, Protestant, American, and middle-class. These grant me access to power and privilege that I would not have otherwise. Tolbert writes compellingly about the fact that most of us simply want our "group" to be accepted so that we are no longer partially disenfranchised.

> Most people, then, are both disadvantaged by the culture and thus critical of it and, at the same time, also benefit from it and thus want it to prosper. In my view, such a divided situation inevitably encourages identity groups or liberation movements to adopt a moderating and narrowly reformative stance toward dominant culture rather than a revolutionary one. The goal all too often becomes not changing the system as a whole, but reforming the one 'unjust' element affecting me so that my essential marginalized identity will no longer be disenfranchised.[34]

Tolbert's "revolution" is found not only in the liberation of people's voices, but also in the equal valuing of those voices. Her greatest theological revolution was her critique of biblical text. She truly moved out of the shadow of the historical critical method, as well as literary and cultural criticism by questioning the very precepts of how the text is constructed. She cites the story of Mary and Martha as an example. Rather than going

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[34]Ibid., 266.

into an historical, contextual understanding of the situation to try to liberate the women in this story, Tolbert criticizes the story itself. Why does the text automatically assume that these women would take care of Jesus? Rather than criticizing the actions of Martha, why do we not criticize Jesus for not taking care of his own needs, or the men who wrote the text for making the same assumptions? Tolbert offers a similar critique of the story of Sarah and Hagar. These women become pitted against one another and defined as the problem, while Abraham, the person who is actually the center of their conflict, is never held accountable or responsible. Tolbert's perspective of the problem of patriarchy in the text is also her perspective of the problem of patriarchy in our day. We too easily accept the definition of those in socially powerful positions about who is the "problem." We then frustrate ourselves trying to solve the wrong problems, thus ensuring that the true problems will never be addressed adequately.

> …any interpretation that denies the naturalness of patriarchy by pointing out the constructed quality of its version of reality would challenge one of the foremost strategies of hegemonic culture. Readings that demonstrate the arbitrary nature of binary oppositions by showing, perhaps, that actual alternatives are generally more than two and not necessarily opposed would also be important.[35]

This is a theological revolution because it challenges the idea that anyone excluded from the dominant system is going to find liberation and justification from within it. The system is designed to maintain power for some at the expense of others. This means that by definition the dominant patriarchal system will not allow liberation of all people. Only by overcoming or overthrowing the system itself, can everyone potentially find liberation. Reading biblical texts and doing theology from one's own context and

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[35]Ibid., 270.

experience comes with an exciting and frightening freedom if the tether of entering it through one or several familiar modes of biblical criticisms is released.

My experience of utilizing spiritual autobiography of suffering as a theological and spiritual tool for myself and with my students has helped me to engage in this new theological paradigm. As I claim the value of my own social location I have moved away from blaming myself for not being good enough because I am an "other" who does not fit in, to seeing the hegemonic, patriarchal system that perpetuates these dichotomies as the problem. In relation to the Bible, I continue to move away from defining myself as the problem when I stop trying to twist myself into a pretzel to make a text fit my situation. It is freeing to know that I can define the limitations of the text as the problem. I feel a sense of freedom as I try to stop justifying myself because I will never be able to do so using the tools that have been created to maintain division.

This new hermeneutic gives us permission to change our positions—to reframe our social location. The existing system cannot grant this freedom, we must seize it for ourselves with God's help. We must receive that gift of freedom from God rather than trying in vain to find it from human constructed organizations that cannot give it.

Putting It into Practice:

The Theological Theses of Utilizing Spiritual autobiography of suffering

Based on the theological positions just previously stated, as well as my CPE supervisory work with students, I have developed six theological theses that impact and shape the work I do with students in utilizing the spiritual autobiography of suffering tool. I will list them and describe my understanding of them. They are predicated on the

belief that all theology is local. It is also always contextual and therefore shaped by culture, class, race, gender, sexual orientation, ethnicity, religion, politics, and a myriad of other things, including life experiences and suffering.

1) **One chief aim of theological education is to liberate people to find their voices, to engage in doing their own theology, and therefore to challenge oppressive patriarchal systems.**

As a CPE supervisor, my educational theory is liberative. I believe that a major part of theological education is learning not only the theologies of the tradition, but also the contexts and hermeneutics applied to shape those theologies. To that extent, educational inquiry from a theological perspective involves examining the social, political, and religious structures that exist and how they function in order to determine how they manifest power. For example, many of our Christian religious institutions manifest the power of patriarchy; they are arranged to exclude or marginalize people who are not white, American or European, male, straight, able-bodied, orthodox in their theological views, and of middle or higher social class. I believe that one of the primary purposes of doing theology is to challenge this patriarchal mindset and to empower people to find their own voice and to do their own theology. The systematic denial or diminishing of suffering helps hold oppressive patriarchal structures in place. One of the most difficult obstacles to deal with in many CPE students is their strong desire and conviction that they should be "helpers" in the sense that they are always in the powerful, dominant position—the ones who constantly give to others, have the answers, resources, and connection to God, etc. This dominant position tends to diminish their ability to be present to their patients. Ministering out of a sense of compassion equalizes this hierarchical dynamic. Students who are more in touch with their own suffering and have

experienced the power and empowerment of sharing it and finding spiritual healing are enabled to connect with patients in that same empowering kind of way.

This way of connecting with persons through compassion rather than trying to maintain the dominant position of "helper," increases the ability and accountability to join with patients or others to fight against the kinds of suffering that can be changed, such as racism, classism, homophobia, sexism, etc., because they experience their patients as real people who also struggle with pain and with oppressive structures. This connection strengthens the desire of caregivers to work towards changing oppressive social structures because they are no longer "issues" but people. Conversely, the outcome of avoiding one's own pain and suffering is that a person must work to repress it so that entering real relationships becomes difficult or impossible. Working to dominate one's own suffering rather than dealing with it becomes the primary way of relating to others. This reinforces oppressive systems internally and externally, either through participation or through ignoring them as a problem.

2) **Facing one's own suffering is essential to finding one's own voice,**

And therefore,

3) **Liberating one's voice brings spiritual healing which allows us to cultivate a relationship with our own suffering that is redemptive**.

There is power in the voice, and finding one's voice is finding one's sense of self and power to speak and to be a complete person rather than a discounted "other." One of the primary ways to accomplish this transformation is to help people confront the obstacles that keep them silent and to encourage them to face the issues that have malformed their silence from a noun to a verb. Most often this involves helping people to face the pain in their lives, particularly the pain that has become suffering and, often, a source of shame.

Facing the shame and pain of suffering in one's life is a major step toward a spiritual healing that allows the silenced voice to become liberated. This spiritual healing may or may not end a person's experience of suffering, but it can change the nature of one's relationship to that suffering such that it becomes a source of the person's ongoing process of growth and liberation and also can become a source for the liberation of others. This is not an easy, quick or painless process. Most of us avoid doing this difficult work because we want to avoid compounding our original pain. Dr. Ken Hardy, a renowned family therapist, states, "If we do not create relationship with our suffering we 'create' others to blame for our suffering."[36] It is in creating a relationship with our own suffering that we deal with it, take responsibility for how it affects us (rather than responsibility for its cause), and begin to use it to connect to others. When we move through these steps, we are more capable of helping others find their voices. In this way, suffering can become redemptive.

4) **Telling our autobiographical stories of suffering and shame to others is the key way that we liberate our voices and re-connect to a community of witnesses.**

Writing and sharing autobiographical experiences of suffering is liberating. The old theological idea that there is power in naming something in order to gain power over it is important in this case. As I have begun to use this process with my students this hypothesis has been borne out. People who can talk about their experiences are more able to work with them and find support from others who understand or who share

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[36]Kenneth Hardy, Ph.D., "Embracing Suffering, Legacies, Life Notes, and the Self of the Therapist" (speech delivered to The 15th Annual Culture Conference of The Multicultural Family Institute: Cultural and Family Legacies – Empowering Clients Through Context and Connection, Highland Park, New Jersey, 31 March 2006).

similar experiences. Healing, forgiveness, or appropriate anger can occur. Talking about (and coming to an understanding of) one's experiences provides an entré into the spiritual task of claiming one's meaningful place within their theological tradition. It also enables a person to take a position of responsibility for speaking their experience of God and taking seriously the spiritual call or mandate we have to heal or repair the world by striving for justice and the Kingdom of God.

5) **There is a direct correlation between how CPE students deal with their own suffering and how they deal with the suffering of their patients.**

Students who have the capacity to deal with their own suffering have a much greater tolerance for hearing the suffering of others without trying to change it, make it better, or over-identifying with the patient. If the student has found a sense of empowerment through sharing his or her own sufferings, he or she will more easily understand the pastoral task to be present to others in their suffering. If they cannot be present to their own suffering, or cannot stand to share their own pain, it will be very difficult for them to remain present to the pain of others in a meaningful way.

6) **There is a direct correlation between how CPE students operationally conceptualize God and how they operationally imagine their role as pastoral care givers.**

The "frozen" images of God that people carry deep within themselves—their understanding and experience of God's presence (or lack thereof) in their own experiences of suffering—shape the way they unconsciously carry out their role as pastoral caregivers. Students who deep down feel abandoned by God in some way that they have trouble acknowledging often act as if they are public relations agents for God. They overcompensate for and need to "protect" God from this perception when they

recognize it in others. Psychologically, this is a counter-formation reaction. Systemically, it could be thought of as an over-functioning reaction. Spiritually, it is rooted in fear and longing—either a fear that God is not there for them and/or a longing for God to act in a certain kind of way. These individuals try to become the manifestation of God that they wished they had received themselves. There is no spiritual freedom in this way of operating personally or pastorally in relation to God, self, or others. My project was an exploration of the theological transformation of facing one's own suffering and its impact upon pastoral care and the pastoral caregiver's relationship with God.

CHAPTER V

LOOK UPON IT AND LIVE: A HERMENEUTIC OF LIBERATING GOD TO TRANSFORM OUR SUFFERING

Suffering is a cup from which all humanity must drink in some capacity or another; it did not pass from Jesus and it does not pass from us. Suffering is also one of the most adaptive plagues humanity encounters. Like a rampantly mutating virus that has no antidote, it comes in every form imaginable and in many unimaginable forms: starvation, poverty, racism, cruelty, greed, depression, sickness, grief, etc. Out of our fundamental need to make meaning out of our lives and experiences, especially in the face of suffering, we often seek answers to our questions in our faith traditions. In hospital ministry what we most often hear is some form of "Why?" Why is there suffering? Why is this happening to me? Why is God doing this to me? Or, why does God allow this? The questioner usually follows immediately with some defense about why this suffering is undeserved and communicates an overwhelming sense that somehow God has violated the implicit contractual agreement made between believer and deity—"I'll be a good person and do what I think you want or require, and you will protect me from suffering." Even the most mature people of faith experience these questions and feelings, if only fleetingly. In large part this is because of the way that suffering is portrayed biblically and we desperately need to change our view.

One of my original research questions was to explore what the Bible says about how we should deal with suffering and what is a transformative response to suffering.

My project explored the impact of our operational images of God on our pastoral care. When these operational images are having a negative impact, it is often because they are formed from an experience of God that is interpreted by us or for us in an abusive or punishing way. When this happens, we can become fixated on the question of "why" do we suffer? Getting free from those images of God can transform us to ask "how" we shall suffer, such that we are no longer helpless victims in the hands of an angry, vengeful God. My research demonstrates that dealing with these feelings can liberate God in our lives to transform our pastoral care. In this chapter I explore these issues in the Hebrew Bible passage Numbers 21:4-9 through the hermeneutical lens of liberation I described in chapter V on theology.

Though the Bible does not directly answer the question "Why do good people suffer?" it has much to say about suffering as deserved punishment for people who have sinned. Though in Clinical Pastoral Education (CPE) we work hard to counteract theological ideas that equate suffering with punishment, it is an uphill battle because the equation seems to be so deeply ingrained in us, down in our bones. Suffering as a rod God uses to chasten us (his ill-behaved children) is a powerful and fearful image. Who among us does not pray for God to take away our pain and suffering when it occurs? Although it is apparent in much biblical commentary and theological scholarship that this is the way suffering has been interpreted for generations, I assert that this image is a hermeneutical construct that keeps us locked in an idolatrous, fear-based relationship with God.

To the extent that we stay focused on the question of "why" we suffer, we are cementing ourselves into an abusive parent/child relationship with God. We squeeze,

compress, and constrict God when we base our image of the Deity on our own human motivations and behavior. We have the power to unshackle God from these idolatrous chains if only we shift our question to the present—to the more difficult, yet empowering question, "How shall I suffer?" This transformation requires a new hermeneutic, which is also provided for us in the biblical text. Underneath all those enduring images of the punishing God is the resilient God who shows us *how to respond* to suffering and how to stop looking backward so that we might turn to see the vision of hope and new life God offers.

While many Christians would argue that this image of God is distinctly "New Testament," I argue that God has been trying to reveal this truth since the beginning, especially in the Wandering Narratives in which God leads the people of Israel through the wilderness in hope of reaching the Promised Land. Ironically, it was during this time that God was most strongly portrayed as the punishing parent. A primary example of this occurs in Numbers 21:4-9:

> 4) From Mount Hor they set out by the way to the Red Sea, to go around the land of Edom; but the people became impatient on the way. 5) The people spoke against God and against Moses, "Why have you brought us up out of Egypt to die in the wilderness? For there is no food and no water, and we detest this miserable food." 6) Then the LORD sent poisonous serpents among the people, and they bit the people, so that many Israelites died. 7) The people came to Moses, and said, "We have sinned, by speaking against the LORD and against you; pray to the LORD, to take away the serpents from us." So Moses prayed for the people. 8) And the LORD said to Moses, "Make a poisonous serpent, and set it on a pole; and everyone who is bitten, shall look at it and live." 9) So Moses made a serpent of bronze, and put it upon a pole; and whenever a serpent bit someone, that person would look at the serpent of bronze and live.

Structurally speaking, this pericope is part of a larger section within the book of Numbers (Numbers 10:11 – 36:13) that consists of 36 units. This selection of verses, a

rebellion narrative known as the serpent scourge,[37] forms the 18th unit—the centerpiece of the entire section, which further indicates its importance. This event is narrated in two parts. The first part recounts Israel's complaint against God and Moses about the necessities of daily life, specifically the food (vv. 4-5b). God responds with punishment, sending "poisonous" or "fiery" serpents (v. 6) against the Israelites. In the second part of the story, the people repent and plead for Moses to intervene; they ask Moses to ask God to take away their suffering (v. 7a), and Moses complies (v. 7b). This leads to a communication from God to Moses dictating the remedy, that is, God's response to their suffering (v. 8). The narrative ends with the report of Moses carrying out the provisions of the remedy (v. 9).

By and large, both ancient and modern commentators have focused on two aspects of this text: the fiery serpents as the deserved punishment for the people's bad behavior and the seemingly odd remedy that God offers—a bronze serpent created and raised up on a pole. For example, Rabbi Shlomo Yitzchaki (well known to Jewish scholars as *Rashi*), a biblical and Talmudic exegete who lived and worked in northern France in the 11th century CE, made only six comments on this entire passage, all of which are related either to the nature of the sin and/or the punishment, or to some aspect of the remedy. His longest comment focuses on the correct manner in which the people had to "gaze" at the bronze serpent in order to effect healing because of the severity of both the offense (the sin) and the wound (the snake-bite).[38] Rabbi Abraham Ibn Ezra, another famous

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[37] Won W. Lee, *Punishment and Forgiveness in Israel's Migratory Campaign* (Grand Rapids, Michigan: William B. Eerdmans Publishing Company, 2003), 121,158.

[38] *Penteteuch with Targum Onkelos, Haphtarot and Rashi's Commentary: Numbers*, trans. Rev. M. Rosenbaum and Dr. A.M. Silbermann. (New York: Hebrew Publishing Company, 1934), 100.

Jewish scholar and biblical exegete (12th century CE, Muslim Spain), comments on verse six: "The word *ha-sefarim* (fiery) is an adjective. The following is a Midrashic interpretation. Scripture states, 'If the serpent bites before it is charmed, then the charmer hath no advantage' (Ecclesiastes 10:11). These people sent their tongues to bite. They were repaid with snakes being sent out against them."[39] This idea is consistent with an even more ancient rabbinic principle called *middah ke-neged middah*, which means that the punishment a person receives for a sin corresponds to the way in which she/he committed the sin. It was not just the ancient Jewish commentators who focused on these issues; modern Christian exegetes also address the difficulties in this text. An example is Dennis Olson's commentary on Numbers that states: "they [the people of Israel] failed to understand the deeper source of their sin, their unwillingness to trust God to deliver them and to fulfill God's commitments to bring them into the land."[40] One modern Christian commentator writes:

> They…turn on Moses and accuse him of bringing them into the wilderness to die. Absent is any recollection of their gracious deliverance by the hand of God. Gone are all thoughts of the covenant they have entered into with the Lord at Mount Sinai. Forgotten is the divine promise that they are to be God's holy nation and a kingdom of priests. Their present discomfort and suffering rob them of the memory of God's gracious redemption and faithful day-and-night guidance of them. Forgetfulness of God always brings its consequences….[41]

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[39] *Ibn Ezra's Commentary on the Pentateuch: Numbers (Midbar)*, trans. Norman H. Strickman and Arthur M. Silver (New York: Menorah Publishing Company, 1998). Ibn Ezra's Commentary on Numbers 21:6.

[40] Dennis Olson, *Interpretation: A Bible Commentary for Teaching and Preaching Series*, ed., *Numbers* (Louisville, Kentucky: John Knox Press, 1996), 136.

[41] Roger E. Van Harn, ed., *The Lectionary Commentary: Theological Exegesis for Sunday's Texts. The First Readings: The Old Testament and Acts* (Grand Rapids, Michigan: William B. Eerdsman Publishing Company, 2001), 120.

These commentators seem to be working out of a hermeneutic of justification for God's actions (theodicy). They focus most of their energy on explaining the nature and depth of the people's sin and they frame God's response as a punishment that is more than justly deserved. As they figure it, God is so justified in teaching the people a lesson through this punishment that God refuses to remove the scourge of serpents, exacting repentance from each person who must seek out the "remedy" for him or herself. The underlying difficulty upon which these interpreters focus their hermeneutical lenses is "Why?" "Why are these people suffering?" Their answer is: "they sinned against God." "Why does God allow them to suffer?" Their answer is: "because they deserve to be punished and the punishment will serve as a lesson about trusting God." The image of God that these interpretations create is horrific; a good psychoanalyst would cancel the rest of her appointments to put these commentators on the couch! The image is of a father who punishes his children in order to teach them to trust him more. From a sociological and psychological perspective (in CPE we utilize the term "behavioral sciences"), there are some strong dysfunctional patterns at play in this concept of God, which would be labeled abusive if we were describing this dynamic between a human father and his children. However, in this hermeneutic of justification of God's punishment, common sense human rules of good parenting are often rendered inapplicable to God. I argue strongly against this hermeneutic. It keeps God chained to our dysfunctional mindset of being enslaved to an abusive ruler who must be obeyed at all costs, lest we be punished. There is no possibility of learning to trust God out of love and freedom, only learning to obey out of fear. We need a new hermeneutical lens—one that allows us to liberate our old image of God and simultaneously lets God be God, not

Pharaoh. I propose viewing this situation from a different perspective, utilizing a liberating hermeneutic of God in which God teaches the Israelites how to deal with their suffering so that they might be healed not only from the immediate problem—the bites of the poisonous serpents—but also transformed from enslaved victims who obey a tyrannical slave master to freed people who follow a loving, liberating God whom they trust because it gives them life.

Looking at the context of this rebellion narrative is extremely important if we are to understand the situation clearly and if we are to construct a hermeneutical lens of liberation. The Book of Numbers contains two census lists. The first one is of the old generation—those who fled from slavery in Egypt. The second one is of the next generation—those who will enter the Promised Land. This event takes place between the takings of these two lists, soon before the second one is taken. Remember that the first group crossed the Red Sea, made a covenant with God at Mt. Sinai, and came upon the "entrance" to the Promised Land, but were too frightened to proceed. They felt like grasshoppers compared to the giants in the land. God recognized that they were too frightened inwardly to claim the gift of freedom so soon, so God wandered with them in the wilderness for a long time while they went through a process of being formed into new people, and even as they were frustrated, blaming God and Moses at various times for their setbacks. Many years into the journey, they learned that the first generation would have to die off before they could enter the land. Understandably, this was a frustrating realization. The rag-tag band of slaves who had been trapped in Egypt for 400 years were free physically, but not emotionally. Psychologically, we understand that interior changes and exterior changes do not always go hand in hand. How does a group

lacking any cohesive identity (except as servants to a powerful Pharaoh) begin to grow in a completely new direction after 400 years? The journey itself was full of ambivalence for the Israelites. They were emancipated, but now they were responsible for making their own way in the world. All of the things in their lives that they counted on were gone—they were in alien territory with few resources and no concrete guarantees that they had done the right thing. Who would not be terrified? It is easy from the vantage point of history to look back and think the Israelites "simply" should have been more reliant on God. Perhaps those who read our stories in a few thousand years will think the same of us. It is not easy to follow God when you can't see the path in front of you and you have so few inner resources. Many people do not ever take the risk to be free, but the Israelites did, in spite of all these fears.

The Israelites' experience of God is most interesting. Many biblical stories show the same God we see in Numbers 21: a generally kind, but hot-tempered parental figure who demands constant trust and loyalty at a very high cost. God comes across as abusive, but justified in "His" actions because these disobedient people bring misfortune upon themselves. Their image of God sounds strangely similar to Pharaoh. A Pharaoh was the supreme ruler of Egypt, not just claiming to be the human leader, but thought to be the god of Egypt. This string of ruler gods had enslaved the Israelites for more than 400 years. They were the ultimate authority that the Israelite's knew best: capricious, demanding taskmasters who punished their servants severely (even sent them to their deaths) if they did not behave according to their will. It is common psychological theory to recognize that as human beings, we project our earliest experiences of authority onto God. This is a common issue in CPE supervision. Many students struggle with their

images of God which are the reflections of their early human authority figures writ large. The consequences of these images often emerge powerfully in CPE because of the intensity of the suffering that the student encounters working with patients in the hospital.

I contend that the "real" God does not get nearly as much air time in these early texts (or in later ones) as the projected image of God because the Israelites of the text are so full of slave-like projections of fear, punishment, and abuse. They cannot yet differentiate between God and Pharaoh. Over and over again we see the Israelites trying to find the courage to push forward and take hold of the promise and the vision that God holds out to them. This first generation seems to be so busy looking back to Egypt and to who they used to be that they struggle to even imagine who and what they might become. That becomes a task for their children. In the old hermeneutic, this chronic inability to look forward was either a sin or a punishment. In this new hermeneutic, it is part of the human process of trying to claim the liberation that God offers to us and continually leads us toward. Perhaps for the first generation getting out of Egypt was all the freedom they could handle after a life of slavery. And yet they did move forward. They risked life and limb not for themselves, but for the sake of their children and their children's children, a very courageous move towards liberation. In addition to the Israelites' fear of God, they were angry with God. Psychologically and spiritually this was a good sign. Why wouldn't they be angry if they believed that God had let them remain enslaved for 400 years? Why would they not be afraid if every time they made a mistake or were unable to trust God fully they felt punished and feared being killed? Despite their current state of physical freedom, their slavery in Egypt had become part of the fiber of their being. Feeling trapped and helpless always produces anger. "It only

took one generation to get the slaves out of Egypt, but it would take many generations to get "the slave" out of the Israelites."[42]

Another important part of the context of Numbers 21:4-9 are the three tremendous losses that the people experience in the previous chapter. Numbers 20 begins with the death of Miriam, their beloved leader and "mother" figure. They mourn her. Later, when the Israelites complain about the lack of water, (when Miriam died, the well of water that followed the Israelites through the wilderness also perished) Moses lashes out against the "rebels" and strikes a rock which God had heretofore instructed him to speak to in order to coax forth water. Moses is swiftly "punished" by God—forbidden to enter the Promised Land. Thus the people learn that they will lose their strongest leader when it comes time for them to actually enter the Promised Land. They will have to venture forth into the next phase of their lives without the one whom they have followed and trusted with their lives. Immediately after learning this, Moses' brother Aaron, the High Priest, dies. The Israelites are utterly bereft. Then they experience the proverbial straw that breaks the camel's back. The Israelites are getting very close to the Promised Land again, and they request passage through the land of Edom—peopled by their distant relatives from generations before. They simply want to "cut through" Edom's backyard to save time on the trip. But the King of Edom refuses their request. They must travel all the way around Edom—a long detour after an even longer journey. At the beginning of Numbers 21, we read that the people are back in the vicinity of the Red Sea—right back where they started! When explored in light of all of these events, our understanding of the Israelites' anger and frustration shifts dramatically. These people are grieved, hurt,

[42] Katherine Kurs, interview by author, February 5, 2007.

angry, lost, tired, hungry, dispossessed, dislocated and terrified that soon they will have to go on without Moses. From this place of deep suffering, pain, and impotent rage they lash out against God and against Moses. Then they encounter the serpents.

It is interesting to note that most English translations of the biblical text tell us that God *sent* the poisonous serpents. In fact, Israel Dagin, referring to the verb *va-yeshalah*, which typically has been translated as "sent," actually means *incited*.[43] Nehama Leibowitz adds the following:

> It is not stated "And the Lord sent (*va-yishlah*) fiery serpents" (although the King James version wrongly translates it as if it was so written) but: "He let go the serpents" (*va-yeshalah*).…The reason for the Torah saying "And the Lord set free" or let go the serpents and not merely sent them, should be quite clear, when we recall that the wilderness they were traveling through was a place of "fiery serpents and scorpions and drought…."[44]

Many biblical commentaries note that the area through which the Israelites pass at this point in the narrative is a desert region that was, and still is, infested with poisonous snakes. It seems that as soon as the Israelites, already at their wits' end, encountered a natural phenomenon that intensified their suffering, they assumed they were being punished by God.

Assuming or fearing that one is being punished by God for doing something wrong remains a common reaction to suffering that I hear and see in the hospital every day. It is a vestige of the "Why?" question for which people demand an answer, hoping it will give them some control over their situation. Because feeling helpless is intolerable to most people, they rationalize the situation: "If my behavior caused this problem, then it is

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[43] Israel Dagin, *Targum Onkelos to Numbers* (Jerusalem: Ktav Publishing House, 1998), 20.

[44] Nehama Leibowitz, *Studies in Bamidbar (Numbers)*, trans. Aryeh Newman (Jerusalem: Eliner Library, 1996), 261.

within my realm of control to change it. Perhaps if I can appease God, then the suffering will stop." Otherwise we may have to face the fact that if something bad happens to us through no fault of our own, we have no ability to do anything about it. We are utterly out of control and helpless." Most people will opt for a harsh, judgmental God that they can try to please in order to be healed over their feelings of helplessness and lack of control any day.

Yet there is another aspect of God that emerges in this story; one that counters the awful image of the punishing God who sends or incites the snakes. It is the resilient, liberating God who shows us "how" to suffer. God is not teaching the people a lesson about obedience as a punishment for their sin, God is teaching them how to suffer so that they can become internally free as well as externally free. God's response to Moses is fascinating; God does not "remove" the serpent scourge. Rather, God teaches the Israelites a new way to cope with their suffering and a way to move through it in order to continue their journey. God teaches the people a lesson not through punishment, but through perseverance. God does not remove the external difficulties—the cause of their suffering—God teaches them how to deal with their suffering, but even more how to be transformed by their suffering.

Pastorally speaking, there was something very significant about the fact that God required the wounded, suffering Israelites to look upon the image of the thing that frightened them most at this point—the Pharaoh, Egypt, slavery and death. Many historical, cultural, and literary sources reflect upon the powerful symbolism of the snake in the Ancient Near East.

> The symbol of the snake played important roles in the religious and cultural life of ancient Egypt, Canaan, Mesopotamia, and Greece. The serpent was a symbol of

> evil and chaos from the underworld, as well as a symbol of fertility, life, and healing."[45]

The Israelites already associated the serpent with the power of Pharaoh and their enslavement in Egypt. Perhaps the attack of the poisonous serpents symbolized much more than their fear of physical death. It also represented concretely the suffering and fear that the people had endured and that kept them looking down at their feet and back toward their captors. The serpents also must have symbolized to them a fear of the Egyptians coming after them again and even more so a fear that the God they had traded for Pharaoh was not so different after all.

God tells Moses to make a bronze serpent and to raise it up upon a tall pole. The wounded people must individually look up and face the things that frighten them the most in order to be healed and to be set free from the shackles of this particular fear. It is the only way they can truly live. It seems that God too is trying to break free from the chains of their projected images of punisher, abuser, and spiritual terrorist. In this mutual breaking free, God is not erasing these shackles, but is offering the key. God is instructing the people to look upon the very source of their suffering in order to transform the suffering. If they face—look up at—what causes the suffering they can get free from its hold on them. They can begin to distinguish between God and Pharaoh and therefore to claim their internal freedom from slavery. This internal freedom means that their history no longer will control their thoughts and their actions. That transformation means that their suffering will not bind them, but will become a source of strength and compassion for them as a people. It is interesting to note that in Jewish tradition the

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[45] Dennis Olson, 136.

memory of having once been slaves continues to play a vital role in the faith. The memory of the suffering of enslavement, transformed, becomes a commandment to live justly toward all people.[46] In addition, this transformed memory may be called upon as resource to help people realize the multiple "Pharaohs" to which they are enslaved and to encourage them to seek their external and internal freedom.

In the Theological Dictionary of the Old Testament, we learn the serpent is:

> …a cultic image of the Canaanites borrowed by the Israelites. After it had been incorporated into the cult of Yahweh, its origin was retrojected into the desert. It was easy to find points of contact with a desert tradition. As a form, the familiar genre of the "murmuring" narrative was chosen. The image was disarmed: it no longer represented the Deity but symbolized the salvific intervention of Yahweh.[47]

This reveals much about the power of the biblical text; it takes a powerful image that represented a cruel, foreign deity and transforms it in people's minds. In this innovative way, the Word of God "tamed" something that was as poisonous to the peoples' souls as to their bodies. Perhaps this is one of the factors that allowed the Israelites to finally enter the land of the Canaanites—they began to trust that their God was distinct and different than all the others and that even the serpent, a venerated and feared symbol of life and death, and of Pharaoh himself, was not as powerful as the liberating God.

This is an ongoing process for all of us—to learn to distinguish between our projected images of God and the true, liberating God. Beneath the punishing image of God that is still so prevalent is the God who teaches us to be resilient and who gives us the strength to persevere by teaching us how to respond to suffering so that it will not

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[46] Kurs, personal interview.

[47] G. Johannes Botterwick and Ringgren Helmer, eds., *Theological Dictionary of the Old Testament, rev. ed.* vol. 4,6, 9 and 14 (1977), serpent, s.v. *nahas*.

overcome us. God is trying to reveal who God really is, beyond all our fears of suffering and misplaced images. God wants us to trust and to live in freedom. To embrace this call, we must look up and face our suffering, fear and pain so that we can begin to see beyond our slavery to sin and death and break free inwardly of whatever "Egypt" or "Pharaoh" binds us.

We see this liberating God powerfully at work again in this same way in the gospels of the New Testament. This hermeneutic of liberation is demonstrated in the Gospel of John 3:14-15, when Jesus refers to the Numbers narrative during his conversation with Nicodemus. "And just as Moses lifted up the serpent in the wilderness, so must the Son of Man be lifted up, that whoever believes in him may have eternal life." Jesus' crucifixion and death function like the serpent as the symbol of what people feared most—the physical, mental, and emotional suffering inflicted upon them by the Romans—the Egyptians of their time. Christ was willing to be lifted up so that we could be liberated from our enslavement and transformed by facing our suffering and breaking its hold upon us. God teaches us over and over again how to deal with our suffering—to "look at it and live" so that it will no longer enslave us but become a resource for our ongoing transformation and the transformation of others. One of the major tasks of pastoral caregivers is to help people look at their suffering in such a way that they can be freed from its hold over their lives regardless of whether or not the suffering ends or how it ends. In CPE, one of our tasks is to help pastors to learn how to do this—how to look at their own suffering and be transformed—so that they can be resources to help others do the same thing. This is the work of the liberating God.

CHAPTER VI

EDUCATION FOR LIBERATION

> To educate as the practice of freedom is a way of teaching that anyone can learn. That learning process comes easiest to those of us who teach who also believe that there is an aspect of our vocation which is sacred; who believe that our work is not merely to share information but to share in the intellectual and spiritual growth of our students. To teach in a manner that respects and cares for the souls of our students is essential if we are to provide the necessary conditions where learning can most deeply and intimately begin.[48]

In her book, *Teaching to Transgress,* bell hooks establishes the ground of education for liberation, or what she calls "liberatory education," as the care and respect for the souls of her students. I share this belief and work in a variety of ways to create a supervisory relationship with my CPE students which embodies this care and respect. My relationship with my students is grounded in a commitment to sharing in a learning process, offering my experience and presence as one who is actively engaged in the same kind of work that they are being asked to do. I do not believe in asking students to engage in any spiritual or emotional introspection that I would not be willing to do for myself. As hooks' describes:

> Progressive, holistic education, "engaged pedagogy" is more demanding than conventional critical or feminist pedagogy. For, unlike these two teaching practices, it emphasizes well-being. That means that the teachers must be actively

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[48] bell hooks, *Teaching to Transgress: Education as the Practice of Freedom* (New York, NY: Routledge, 1994), 13.

> committed to a process of self-actualization that promotes their own well-being if they are to teach in a manner that empowers students.[49]

Being committed to my own process of self-actualization has been the cornerstone of my supervisory practice since the beginning of my training. It has become the primary way that I understand the ACPE Standards' directives around our "use of self" in supervisory practice. In order for me to convey this aspect of my supervisory practice I will first focus on my own supervisory practice and examine the ways that I attempt to incorporate liberation into my work in theological education. In the second part of this chapter, I will focus on my own process of liberation and the impact of liberatory education upon me. These are processes that happen simultaneously, but are difficult to convey in that fashion.

Part I. Practicing Liberation in Education

One key aspect of hooks' teaching that stands as a continual challenge to educators is her engagement with Paulo Freire. Paulo Freire stands opposed to pedagogy that is based on what he calls the traditional "banking" model of education. In a banking model, the teacher holds the knowledge (and therefore the power) and then "deposits" that knowledge into the heads of the students. Freire and hooks demonstrate a pedagogy that draws people into a deeper engagement, allows that knowledge (understood by them as the power) to come through the engagement of material, and is not hierarchical. This method encourages and calls forth the voices and perspectives of the students.

I was raised and educated in my early life with a banking model of education. I tended to believe that knowledge and the power that knowledge brings, resided outside

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[49] Ibid., 15.

myself and I pursued it as a prize to be obtained. In seminary I was trained in, and exposed to liberation theology and pushed/invited to bring forth my own voice and my opinions. This was excruciatingly painful for me, but in the end it was a kind of pain that was growth-filled. The pain came from facing my own feelings of inadequacy and fear of not being enough. Later, in CPE, I was introduced to a more engaging type of education focused on self-development and transformation. These experiences helped me to develop and trust my own voice and perspective. Because of my own experiences, I have worked to shape my supervisory practice in a way that will similarly benefit my students. For example, I work to create a group setting that allows and encourages people to engage clinical and theoretical material from their own perspectives. hooks refers to this as "building community."

> I enter the classroom with the assumption that we must build "community" in order to create a climate of openness and intellectual rigor. Rather than focusing on issues of safety, I think that a feeling of community creates a sense that there is shared commitment and a common good that binds us…It has been my experience that one way to build community in the classroom is to recognize the value of each individual voice. [50]

The spiritual autobiography of suffering exercise encourages this sense of community by asking students to write and share about their experiences of suffering and the meaning or (lack thereof) that they have made out of them. It is this method of inviting students to engage and recognize the value of their voices that most concretely demonstrates my way of practicing liberatory education.

I believe that one of the chief aims of theological education is to help people find their voices, particularly in the areas of their own suffering. For persons in pastoral

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[50] Ibid., 40.

ministry, this enables them to claim and value their own experiences and perspective, which increases their spiritual healing by connecting them to others. Pastoral caregivers' ability to name the experiences and issues that shape their pastoral functioning, such as their ability to deal with their own suffering, shame, and fear, and their understanding of God in light of those difficulties, directly impacts their capacity to stand with others as they struggle through this process. Pedagogically, I employ critical engagement with the students' experiences – working with them to take their own contexts seriously and to develop a relationship with their own sense of suffering. In this way, I encourage them to develop a healthy access to their suffering that will transform it into a resource for compassion, rather than a festering wound. Helping people to evaluate their own experiences and contexts helps them to know how they are functioning and allows them to become more conscious of their operational hermeneutic of suffering, God, and theology.

It can be a challenge to stay with the model of liberatory education with students who are used to a hierarchical way of relating, or when they are particularly resistant to claiming their own experiences and simply want to learn techniques of pastoral care. Some students approach learning pastoral care as if they are following a recipe. "When the patient gets angry, say this, then this, then this, etc. When empathy is required, do this…." Part of the clinical method of learning in CPE from a liberatory educational perspective requires that students simultaneously develop skills and the capacity to stay emotionally and spiritually present to the patient in the midst of their suffering so that they can actually utilize the skills. Part of liberatory education is creating enough community within the CPE process for students to share their experiences of working

with patients. Their patient encounters help them to understand the need to develop these two capacities. After a few patient visits in which they struggle to know what to say, in spite of having gone over it in class, they will usually engage their learning on a deeper level. However, as hooks points out:

> In my professional role I had to surrender my need for immediate affirmation of successful teaching (even though some reward is immediate) and accept that students may not appreciate the value of a certain standpoint or process straight away.[51]

Valuing the voices of my students means that they are free to disagree and free to experience learning in a different way. When this happens, I seek to work with him or her to determine whether the method or model they prefer, as long as it is not harmful, is effective and maintains integrity.

Educationally, emotionally, and spiritually I believe that one cannot effectively minister to others if he or she cannot deal with his or her own issues of suffering. Good pastoral care requires a student to tolerate many difficult and painful feelings, such as inadequacy (e.g., their inability to change a terminal diagnosis), fear, pain, anxiety, dread, or despair. Over the years I have noticed a correlation between students' ability to deal effectively with their own suffering and painful experiences and their ability to minister to the pain and suffering of their patients. "Dealing effectively" in this case means the ability to tolerate hearing the difficult feelings of the patients without leaving the room prematurely, trying to make the patient feel better by diminishing or minimizing his or her feelings, or using biblical platitudes to change the patient's perspective. I have found that students who can express their own feelings and take them seriously have a deeper

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[51] Ibid., 42.

capacity to do this with other people. A liberatory model of education works well to draw people out to claim their own voices and to engage those voices in doing ministry.

II. My Own Process of Liberation

When I first entered CPE, and in fact, when I first entered supervisory CPE, I gravitated toward theory because I did not trust myself to know what I should do with patients or with students. At the time I thought I was simply afraid of making a mistake, of being inexperienced and young. While this did have some validity as a person new in the profession, I can also see in retrospect that I often relied on theory to be a voice of authority when I was afraid to trust my own voice. As a bright person I was able to cobble together various theoretical models to formulate plans and conceptual ideas to justify why I did what I did in pastoral care and in supervision. This kept me safe in the shadow of someone else's voice; someone I assumed was smarter and more experienced than I was at the time. However, CPE also became a redemptive place for me when I was confronted about this kind of behavior and challenged to develop my voice and sense of trust in my own experience and capacities. My relationship to theory and my way of understanding education was transformed through this process, and the more I continue to grow into myself and claim my own unique voice, the more this transformation continues.

bell hooks describes in a variety of ways her methods of teaching and understanding education that demonstrate the liberatory power of education[52] and the process of transformation that results from these methods. She describes in painful detail her own process of finding, claiming, and maintaining her voice as an African-American

[52] Ibid., 1-12.

woman in academia. The primary impact of this on her pedagogy is a desire to make room for her students to utilize their own voices rather than just parroting back what she says. Though my personal and professional life experiences are quite different than bell hooks,' I have also been transformed by a process of liberatory education that informs strongly how I teach and supervise clinical pastoral education.

hooks writes of her profound experience of education as a young black girl in a segregated school, and the encouragement she received in an all-black environment. Once she was required to attend a desegregated school, her experience of education changed tremendously and the harshness of racism, classism, and sexism came crashing in around her. She reports feeling stifled in her learning process and experiencing a great loss for the power that education had previously held for her. Her method of teaching reflects the journey she undertook to rediscover this liberatory power of education again, and to not only receive its fruits, but also to share them. When I read her statement about her relationship to theory, I was jolted into a new way of conceptualizing a relationship to theory that I found mesmerizing. She writes:

> I came to theory because I was hurting—the pain within me was so intense that I could not go on living. I came to theory desperate, wanting to comprehend—to grasp what was happening around and within me. Most importantly, I wanted to make the hurt go away. I saw in theory then a location for healing.[53]

This profoundly passionate statement invites the use and even the creation of theory in a whole new way, as part of a vital educational hermeneutic. Theory can become a narrative system that orders and explains experience.

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[53] Ibid., 59.

Liberatory education is powerful and often painful. The Exodus narrative, which includes the text I wrote about in chapter VI from the book of Numbers, is a stark reminder of this. A group of slaves are liberated from their external oppressor, only to realize that they must also be liberated from the internalized oppression that has shaped them for so long. They must develop a new sense of identity in order to take hold of the Promised Land. It takes many more years for them to make the land their own even after they do claim it. Liberation is a slow process, and each lesson is costly in terms of giving up a view of one's world and self.

> And I saw for the first time that there can be, and usually is, some degree of pain involved in giving up old ways of thinking and knowing and learning new approaches. I respect that pain. And I include recognition of it now when I teach, that is to say, I teach about shifting paradigms and talk about the discomfort it can cause.[54]

I attempt to bring this recognition of the pain involved in the liberatory process into my teaching by acknowledging these painful experiences for students when they occur, and in parallel, helping them to recognize when that happens for their patients. I also seek to supervise out of my own work with the pain I've experienced. I do not necessarily share the content of that pain, but I do share the process of it, sometimes through words, sometimes just through compassion.

Within the CPE process, writing and sharing their spiritual autobiographies is one of the primary ways that students can name and explore the pain and suffering they have experienced in a context where they can continue to heal, find new meaning and allow their own suffering to be transformed from a wound that gets in the way of their ministry to a reservoir of compassion that allows them to connect more deeply with other people

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[54] Ibid., 43.

in crisis. An example of how spiritual autobiography of suffering served as a liberating educational experience with one of my students was with Paul. Paul was a 44-year old, white man who worked full-time in public service. He came to do CPE as part of the requirements for being ordained as a permanent deacon in the Episcopal Church. He was an affable, giving person with a strong drive to "help people." Paul was enthusiastic about the CPE process but struggled with empathically connecting to people without trying to make them feel better or offer solutions to their problems. When he experienced their pain he wanted to "fix" it. Paul was also a type I diabetic and had lived and dealt with his condition since the age of ten. He would often make cutting, though humorous remarks about himself, and about God's presence in suffering. Working at Christ Hospital with an inner-city population, he encountered many diabetics who were suffering from the long-term effects of this disease, including amputations, loss of vision and chronic wounds that would not heal. It became apparent that these were particularly difficult cases for him. In verbatim sessions in which this issue would arise and the group would ask him how he felt about his own diabetes and about how it was affecting his work, his automatic response was, "it is what it is." This generally cut off further conversation. We explored this response in his supervision and he began to delve into the feelings and ideas he had which caused him to respond this way. He shared his sense of futility and his anger about having diabetes. He felt that since he could not change it, that he should not talk about it. As we explored this issue and I asked him to share his experience of being diabetic, the flood gates began to open. Paul realized that he did have many feelings about being a diabetic and having lived with that chronic condition for 34 years. I encouraged Paul to utilize the spiritual autobiography of suffering

exercise to explore his experience of suffering from diabetes. Paul wrote many spiritual autobiographical vignettes about various experiences he had throughout his life and began to unearth many of his feelings about his condition.

For the spiritual autobiography of suffering exercise to share with the group, Paul wrote a powerful account of when he was first diagnosed with diabetes (See Appendix D). He was able to re-enter the experience and narrate from his 10-year old perspective what he saw and felt when he was hospitalized and tested after being ill for unknown reasons. He was able to bring to life again to the fear and anxiety he felt when a nurse educator took him to a room by himself and began to explain to him all the things he could no longer do or eat and the regimen of insulin shots he would have to endure for the rest of his life. He recounted his wonder and anger about where his parents were and also God. He felt terrified and crushed with worry as she explained all the terrible things that could happen to him if he did not do as he was supposed to do.

In processing this experience with his peer group, Paul realized that he still felt very angry about being a diabetic. He had never really accepted it and had fought a war against it for 34 years—always "playing the odds" by eating too much sugar and then loading up on insulin, daring it to do any damage to his body. This experience of realizing these feelings became a doorway for him to explore and claim his own experience of suffering—being denied normal childhood activities, being medicine dependent, having a chronic condition, and needing to watch everything he ate—and feeling that God had let this unfair, undeserved thing happen to him. Though he had developed a more adult theology, especially in his theological preparation for the diaconate, he realized that he still carried this unresolved feeling towards God. He also

shared how his family tried to help but they seemed to feel helpless and just retreated into silence, rarely acknowledging his diabetes, much less how difficult it was for him to be different than others as a result. Paul continued to process his feelings about being diabetic with the CPE group, and realized in verbatim sessions that his desire to "fix" things for patients sprang from his feeling both helpless in the face of suffering, and his desire to do for others what no one could do for him. As Paul shared more of his experiences and the group was able to hear his pain and anger, he began to notice a shift in his own feelings. He reported how powerful it was to be heard regarding his suffering, even though it would not "cure" his diabetes, he did feel that he was healing from the isolation and sense of futility. The validation of his feelings and experiences freed him to let go of some things and to start re-framing aspects of his experiences to help him hear and understand his patients' sufferings. His transformation unfolded as he continued to share his own feelings and to explore how they impacted him and his pastoral care. In his final verbatim of the unit he brought a case with a twenty year old girl who was suffering from a chronic disease. She was in a tremendous amount of physical pain and was afraid of dying. Paul had developed a strong pastoral rapport with her and was deeply aware of how her situation was one of his worst nightmares. Yet in spite of his strong identification with her and his desire to help her, he was able to be present to her without trying to make her feel better by telling her to cheer up or make her laugh. He was able to listen to her fear of dying, her anger about the possibility of not living a long, full life and her questions about God. He stayed right with her as she shared her suffering and validated her feelings and helped her reflect on the meaning she made out of her life experiences. As hard as this visit, and indeed his whole pastoral relationship was with

this young woman, Paul realized that he was able to minister to her effectively because he had experienced the transformation of some of his own suffering such that he could use it to understand her plight with greater compassion. Paul's experience of working with this young woman and seeing the positive impact that his pastoral care had upon her as she grew in her ability to cope with her illness changed his understanding of pastoral care and of himself as a pastoral caregiver. At the end of the unit Paul stated that he knows that he will always have diabetes, but it will not always have him. It is no longer just a condition that causes him to suffer, but it is also now a resource for his ministry to others. In this way his suffering takes on a new meaning—it is transformed—and he is not only being liberated, but also is using himself to help others find liberation from their pain.

> It is not easy to name our pain, to make it a location for theorizing….Making this theory is the challenge before us. For in its production lies the hope of our liberation, in its production lies the possibility of naming all our pain—of making all our hurt go away.[55]

[55] Ibid., 74-75.

CHAPTER VII

COMPARABLE MINISTRIES

In my research I found two doctoral projects that are comparable to the research that I did for my demonstration project. The first one is a doctoral dissertation submitted to the faculties of the schools of the Atlanta Theological Association in partial fulfillment of the requirements of the degree of Doctor of Ministry at Columbia Theological Seminary in 1996 by Joan Lee Murray, an ACPE Supervisor, entitled, *Relationship with God as a Dimension of Pastoral Supervision*. In her study, the Rev. Dr. Murray notes that students' relationships with God are rarely addressed as a part of pastoral supervision within Clinical Pastoral Education (CPE). Her project is the development of a guide for writing process notes regarding the student's relationship with God. She makes recommendations for utilizing the guide in pastoral supervision and in the development of curriculum. She developed this guide based on the retrospective research of ten first unit students' process notes, evaluation of the guide by current CPE supervisors and students, and recommendations for revision of the curriculum. She utilized Paul Tillich's, The *Courage to Be* as the primary framework for analyzing the process notes of ten students supervised over a two year period of time. She also utilizes Ben Campbell Johnson's writings on spiritual friendship and the theology of Thomas Oden's work, *Pastoral Theology*, as part of her interpretive framework. She recommends the use of the guide either weekly or at intervals during the course of a CPE unit, to be negotiated with

a student as part of their learning contract. She also writes that for a supervisor to utilize this guide, he or she would need to be knowledgeable about the supervision of spiritual and pastoral formation as well as ministry development. She feels that while the project was designed for use within CPE, it is also applicable for use in the context of any setting which focuses upon the relationship with God.

The revised process notes for the student's relationship with God are found in Appendix G of the dissertation. It is a form to be filled out by the student and turned in to the CPE supervisor prior to his or her scheduled supervision session. It contains six questions, some with further explanation or factors to consider in responding. The basic questions are:

1. How would you describe your relationship?
2. What current spiritual practices are helpful, not helpful?
3. What is different/or new in your relationship?
4. How is your relationship influencing your ministry? How is your ministry influencing your relationship?
5. What is currently meaning-filled, important and/or of ultimate concern for you?
6. Other comments:[56]

Murray's dissertation has been helpful to me to see how another CPE supervisor successfully accesses information about students' relationships with God and how it affects their pastoral work, identity and functioning. I have found it very helpful to read

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[56]Joan Lee Murray, "Relationship with God as a Dimension of Pastoral Supervision" (D.Min. diss., Columbia Theological Seminary, 1996), 72.

how Murray utilizes this material within supervision and I am encouraged by comparable research that demonstrates how important the student's relationship with God is in pastoral formation and education.

My demonstration project was focused in a different direction than Murray's. I am interested in exploring the impact of students' experiences of suffering on their relationship with God and their operational theology, and how those things impact their pastoral care. Both of our projects focus on the student's relationship with God. However, Murray focuses on the relationship in the present as it is affected by the CPE experience. My demonstration project is focused on how suffering experiences from the past impact the current relationship with God and how that affects the CPE experience.

The second comparable ministry is a project paper submitted in partial fulfillment of the requirements of the degree of Doctor of Ministry at Christian Theological Seminary in 2005 by Catharine C. Hubbard, entitled, *Shame and Forgiveness in the Clinical Pastoral Education Process.* The Rev. Dr. Hubbard did two years of CPE Residency and based on her own issues of shame around being sexually abused by a parent and emotionally abused by a nun in her school, she came to the realization that unprocessed issues of shame and guilt deprive people of their ability to forgive and to be forgiven. These unprocessed issues also impact the pastoral caregiver's ability to deal with the shame and forgiveness needs of their patients. She writes that "discovery and processing of one's own intrapsychic life events enables the pastoral caregiver to better

realize one's pastoral skills and be more fully present to congregations, patients, and clients."[57]

Her project paper addresses the need for persons in CPE to examine issues of shame, guilt and forgiveness in themselves and in their patients. She feels that these issues are not addressed as directly as they need to be within CPE. She observed that students often struggle with transference and counter-transference issues resulting from their own unresolved personal issues of shame, guilt and forgiveness. She also observed that these issues impacted their pastoral work with patients and staff. She found that the dynamics of shame and guilt distort the perceptions of pastoral caregivers and hinders their ability to help others to deal with their own issues of shame and guilt. It also impedes the caregiver's ability to be an agent of healing and forgiveness. In her project, Hubbard explored the psychological and theological dimensions of shame and guilt, as well as examined the need for forgiveness, with accompanying recommendations. She utilized spiritual surveys with students to ascertain underlying issues of shame and guilt and included a case study of her work with a patient to demonstrate the application of her research.

This project paper helped me to see how another researcher, and in this case a very skilled chaplain/CPE student, understands the impact of unresolved intrapsychic wounds on pastoral care, and the importance of addressing these issues in CPE. In this way, our projects are alike—we both are interested in how these "soul wounds" from the past impact the students' pastoral work, identity and functioning in the present and how

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[57]Catharine C. Hubbard, "Shame and Forgiveness in the Clinical Pastoral Education Process" (D.Min. diss., Christian Theological Seminary, 2005), i.

the CPE process can more effectively address these problems and facilitate healing. Our projects differ in two major ways. First, the scope of my research is not limited to issues of shame and guilt. Second, I am looking specifically at how experiences of suffering impact one's relationship with God and one's operational theology regardless of their origin. In spite of these differences, it was helpful to me to know that someone who had taken a great deal of CPE was expressing a need for the kind of tool that could allow her to access her experiences in such a way that she could find healing. She recognized clearly the connection between dealing with one's own suffering and one's ability to deal with the suffering of others.

CHAPTER VIII

RESEARCH METHODOLOGY

Original Method

When I first began to incorporate spiritual autobiography into my CPE curriculum, I introduced it by explaining that it was a writing assignment aimed at helping students to explore meaningful experiences from a spiritual perspective. I would instruct the students on "how" to write about the experience—using a first person voice and recreating the experience. In other words, I asked them to write about the event as if they were there and tell us what they see, hear, think and feel in the moment. I asked students to read a portion of Vivian Gornick's book, *The Situation and the Story*, a book about writing that talks about the power of narrative and story telling.[58] (See Appendix E) In the course on writing spiritual autobiography that I had taken with Katherine Kurs, M.Div., Ph.D., at The General Theological Seminary, this was a required text and I had found it to be helpful. I also thought that it had applicability to pastoral care, since part of our aim is to help patients tell meaningful stories about their lives and their suffering. In addition to the book, I also gave students two examples of spiritual autobiographies written by other people to read (See Appendix D for student examples). I did not specify what kind of experience the students needed to write about. I left that open, saying only

[58] Vivian Gornick, *The Situation and the Story: The Art of Personal Narrative* (New York: Farrar, Straus and Giroux, 2002), 3-85.

that it needed to be something meaningful to them. I began utilizing this exercise in my full-time summer unit in 2003. Since that time I have tweaked the directions here and there but followed the same basic format. Generally the spiritual autobiographies that the students shared were a mixture of things. Some were experiences of suffering, some very positive "mountain top" experiences. Some were overtly religious in nature—by which I mean that they occurred during worship, ordinations, or spiritual retreats. Some of the writings included explicit experiences of God, both positive and negative. Others were implicitly about God, and some made no reference to God in any way. Students also varied in the degree to which they were willing to share deeper experiences. This of course mirrors the dynamics of how different students participate in any aspect of CPE. Some people desire and are able to take deeper interpersonal and intrapersonal risks in sharing within CPE groups than others.

Overall, what I found was that the students who were able to write about very meaningful and significant events in their lives were more helped by the exercise to bring deep, operational images of God and aspects of their faith history to the surface. In most cases the students had written about experiences of suffering—physical, emotional or spiritual. In these cases, students often were able to grieve old losses, acknowledge shameful feelings, or explore experiences they had pushed away because they had been too painful at the time or because they had minimized the importance of them. The students reported that the writing aspect of the exercise was emotionally cathartic. Reading their stories out loud to the group also provided some catharsis, but usually carried some sense of added risk. Speaking the story out loud to a small group of people had a confessional feeling for these people. They reported a sense of finally getting

something off their chest and of being more fully known. The support they received and the lack of judgment for their negative feelings about themselves or God was often experienced as liberating. The students in this group felt that they were able to shift in their perceptions of themselves and, sometimes, of God.

For many people this was the first time they had allowed themselves to receive pastoral support in the midst of their own pain and suffering. The students who experienced this aspect of writing and sharing the spiritual autobiography of suffering reported feelings of healing and transformation. Anecdotally, I noticed that the people who experienced this kind of healing and change had written about experiences of prolonged pain or suffering, though they did not always write about experiences of God. They were spiritual experiences insofar as they had an impact on the writer's spiritual life—often a wounding effect. I also observed that when students experienced feeling others present with them in their pain, their pastoral care began to improve. This was most noticeable in their ability to be present to other people's pain and suffering and was reflected in their verbatims in an increased ability to utilize reflective and empathic listening skills in response to patients' stories of suffering. Not only did their reflective and empathic listening skills improve, but their actualization of the concept of pastoral presence increased. "This is, in effect, a meta-process. Students undergo with their peers what patients undergo with them."[59]

[59] Kurs, personal interview.

Preliminary Research Methods and Pilot Study

Once I decided to do my demonstration project on spiritual autobiography, I began a preliminary pilot study with the students I was supervising at the time. I became much more intentional about how I introduced and explained the exercise. I began the process of trying to tailor it in order to maximize the benefits of the exercise for the students. I felt that the variable I could most impact was in being more specific about the directions and instructions I offered to students about the process. At the time that I began the doctoral program I was running a very extended (part-time) group of four students in which they met for 4.5 hours of class per week and then did 6 hours of clinical time per week according to their own schedules. With this group I changed the instructions and was more specific about the kind of experience about which I wanted them to write. I still instructed the group to read a portion of the Gornick book and gave them examples of spiritual autobiographies, each one focusing in a different area of life and involving an experience of suffering. Rather than being general with the group about the kind of significant experience they were to write about, I instructed them to write about an experience of personal suffering. I was clear that it did not have to include God if they did not experience or think about God during the event. Each one wrote a very powerful story recounting a significant experience of suffering that had impacted their lives. At the end of the unit I asked students for feedback about this process and shared with them that I was doing my demonstration project on utilizing spiritual autobiography of suffering. Their feedback was overwhelmingly positive about the importance of the experience for them and each volunteered to allow me to utilize their work within the

project if needed. However, they did not have any suggestions for improvement for the instructions.

I did a formal pilot study with my 2006 full-time summer unit. During this unit, in addition to giving the written instructions and explaining them (see Appendix H), I added one additional component to the instruction process. I did a one hour didactic in which I covered the difference between operational and professed theology, and about the impact that our spiritual history has on our operational theology. I used a portion of the didactic to talk about how we utilize this information in our pastoral work with patients, and the remainder of the hour to talk about the importance of accessing our experiences of God (or lack thereof) during times of crisis and suffering in our own lives in order to explore how these things impact our pastoral identity and functioning. I emphasized the parallel process between the operational theology of the pastoral caregiver and the operational theology of the patient. Our ability to be present to and work with the operational theology that emerges for our patients during their times of crisis and suffering depends upon our ability to acknowledge and work with our own. If we have not dealt with our own primal ways of dealing with suffering, we will be much more likely to avoid being present to others' struggles in this arena. I introduced the spiritual autobiographical reflection tool as a way to help us access some of this material. I still gave the group the first section of Gornick's *The Situation and the Story* and the examples of other peoples' spiritual autobiography of suffering papers. I asked them to choose an experience of suffering to write about, again with the instruction that it did not have to include or mention God if they did not experience or think about God during the event. I instructed them to write it from a first person perspective as if they were there, in

the moment, present in the experience. I added the instruction that they were not to stand back and reflect on the experience but simply to re-create it in as much detail as they could remember. I encouraged them to assess the risk level they were ready to take and to consider pushing the envelope a little bit if they felt ready, but to share only as much as they could tolerate sharing. I was clear in my instructions that as they began to write their story, if they thought they would feel too exposed, they should pick another experience about which to write. I wanted the exercise to be a healing or at least a helpful experience for the group members and too much anxiety or feeling of exposure would work against that. I also asked that they write between two to three typed, single spaced pages. The average paper was three single-spaced, typed pages.

This group of five seminarians each wrote very compelling stories. Some of the stories accessed deeper spiritual history than others, thus allowing for a greater opportunity for healing and change. The sharing process remained the same. Each person was designated a one hour and twenty minute presentation time. We began each session with a prayer, and then the presenter would provide copies of his or her story to the group, and then read it aloud. The remainder of the time was the interaction of the group in response to what the person had written. I set a tone in the group by sharing my own feelings of gratitude for the student's courage to risk sharing his or her experience of suffering. I would then ask the person how they felt after reading the story. Without exception they all shared that it was quite different to read it aloud than to write it. Then the presenter's peers would respond verbally to the person and to his or her story, sharing their feelings toward and about the presenter and the story. It was a process designed to offer pastoral support to the presenter and to utilize reflective and empathic responses in

order to connect and to support. Following this, we as a group would explore more of the presenter's feelings, and over the course of the presentation the presenter would shift to a more reflective stance to explore how this experience had impacted his or her relationship to God or understanding of how God works. At the end of the session we would pray again for whatever the presenter wanted us to pray for, and give thanks to God for the courage of the presenter and for his or her continued healing and integration of the experience shared through the writing and in the group.

I asked each student to write up an assessment of the process and the instructions (see Appendix J). They all felt that writing and sharing their story was a very healing and helpful exercise. They each also found the examples of the others' spiritual autobiographies deeply meaningful and felt that it changed the tone of the group and deepened their compassion towards one another. They reported that the instructions for writing were very clear, and the examples were helpful. In terms of the reading, two students found the Gornick reading helpful, one found it not helpful, and two found it interesting but reported no impact on how they wrote the exercise.

Anecdotally, all of them increased in their pastoral skills and became clearer about the importance of being present in the midst of others' suffering. Their verbatims demonstrated greater use of reflective and empathic listening skills and they reported a deeper experiential sense of how spiritual healing can occur for patients when someone hears their stories and their feelings about their situations without judgment and without trying to change their perspectives.

Research Methodology

In preparing for the actual research phase of my demonstration project I worked with Kathleen Galek, Ph.D. to develop a method for how to quantitatively determine the change in the students' use of reflective and empathic listening skills after utilizing the spiritual autobiography of suffering exercise. Given the time constraints and the specific research question I was exploring she advised "coding" verbatims for certain kinds of responses. My research question was: "How does the spiritual autobiography of suffering exercise impact students' ability to utilize reflective and empathic listening skills with their patients?" My hypothesis was that the spiritual autobiography of suffering exercise would increase the students' ability to employ more effectively the listening skills that they were learning. There was a three month time-frame to do the research. I had two extended unit groups, one with six students and one with four students. Each group met separately for five hours each week beginning in late September. The first four sessions of class were devoted to orientation meetings. For the group of six students it took two to three weeks to go through a cycle of verbatims (one cycle would be the time it would take for each student in the group to present one verbatim to the group), and three weeks for the cycle of spiritual autobiographies. The group of four took two weeks for one cycle of verbatims, and two weeks for the cycle of spiritual autobiographies. I had each student present two verbatims to the group (see Appendix G for the verbatim format), and then they presented their spiritual autobiographies. Following that they each presented two more verbatims. The tight time frame provided a control factor for other elements that would affect the students' performance. From the start of the research time when the students began their first cycle

of verbatim presentations, I did no additional didactics except for the one on spiritual autobiography of suffering, which occurred two weeks prior to the first scheduled spiritual autobiography of suffering presentation. During the three month period there were only three other kinds of learning sessions. One was the regular InterPersonal Relations seminar (known as IPR). IPR sessions are open agenda meetings in which individual group members bring up the issues that they need to deal with as part of their CPE experience. IPR is not focused on patient care skills; however students may use time to talk about particularly difficult cases that affected them emotionally or spiritually. Students also may use the time for discussing their learning goals—usually the personal, or professional identity goals they set for themselves that they want help from the group to accomplish. For example, a common theme in early IPR sessions for first unit students is sharing their feelings about being in a professional religious role for the first time and what that is like for them.

The second kind of learning session that occurred during the early part of the unit was the presentation of learning contracts. Each student was given a period of time to present his or her learning contract (their list of learning goals with explanations of why they want to learn those things) to the group so that group members could ask questions, give feedback, and understand what each person wanted to accomplish during the unit. The third and only other kind of learning session that occurred during the research period was administrative. It took a few sessions for the first unit students to understand the hospital charting system and the record keeping system utilized by the Christ Hospital Pastoral Care Department. The lack of other pastoral care/skill oriented didactics also served as a control factor for the research. Students learned pastoral skills through their

practice and reflection on their pastoral work and on the verbatims they presented and that their peers presented. Putting in four verbatim cycles and the spiritual autobiography of suffering sessions in this three month period made for a tight, intense schedule for the extended unit students, especially the group with six members.

Coding the Verbatims

My specific focus was on tracking the development of students' use of reflective and empathic listening skills as a way to measure their ability to listen and stay present to the suffering of their patients. I developed a coding system that tracked nine different categories of responses. I set up the codes in tables (see Appendix A). Each table had four categories that were "positive" in the sense that they demonstrated the chaplain students' use of effective empathic and reflective listening skills. Their responses or interventions helped patients to share meaningful experiences and to explore their feelings and concerns. In the center I put a neutral category in which I included the chaplain students' introductions, farewells and prayers. Then there were four categories that were "negative" in the demonstration of effective reflective and empathic listening skills in the sense that they showed chaplain responses or interventions that cut off patients' telling their stories, feelings, or experiences.

The four categories that demonstrated the positive or effective use of reflective and empathic listening skills were:

- **Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God).**

  (Interventions that explore or inquire about statements such as: "No I haven't told my father I'm in the hospital; he's not interested in me anymore." "I wonder why God has abandoned me.")

- **Invites patient to share more information, personal story, or narrative relevant to illness or related issues.**

  (Interventions such as, "Tell me more about how you are coping with being in the hospital." "How is the recent loss of your brother affecting you now?")

- **Responds verbally or acknowledges feelings displayed by patients.**

  (These include interventions in which students respond to or name emotions that patients have but do not say, for example, when they begin to cry as they tell a story or there is an angry tone behind what they are saying.)

- **Responds verbally or acknowledges feelings directly stated by patient.**

  (These are interventions that explore a feeling that the patient states he or she feels, such as, "You mentioned just now that you are anxious.")

The "neutral" category was:

- **Introductory Statements, Goodbyes and Closing Prayers**

  (For this research an introduction meant the students self-identification upon entering the patient's room, and any exchange that occurred around asking permission to visit and sitting down. If a statement contained anything more substantive than that it was coded. Farewells included the statements made by chaplains at the end of conversations in which they wished the patient well and said goodbye. Offers to pray were also neutral unless the offer to pray was used as a way either to end or extend a pastoral visit. Prayers also went in the neutral category because evaluating actual prayers that students included in their verbatims was beyond the scope of this project.)

The four categories that demonstrated negative or ineffective use of reflective and empathic listening skills were coded as the reverse of the first four categories. They included:

- **Does not respond verbally or acknowledge feelings directly stated by patient.**

  (These were responses in which the chaplain did not explore feelings stated by the patient or any connections pertaining to them)

- **Does not respond verbally or acknowledge feelings displayed by patients.**

  (These were responses which made no reference in any way to an obvious display of emotions by the patients, for example by changing the subject or asking a content question that served to cut off the patient's expression of emotion.)

- **Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.**

  (These generally were responses in which the chaplain changed the subject prematurely.)

- **Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)**

  (These were interventions that cut off the exploration of meaning or feelings that patients expressed.)

I used the same coding system for each verbatim. In selecting a category for each statement I also coded the kind of response it was. I utilized 22 different codes for the kinds of responses or interventions that the student made. These included:

1. **Open-ended statements** – any kind of statement made that encouraged the patient to talk more.

2. **Open-ended questions** – any kind of question asked which encouraged the patient to talk more.

3. **Closed statements** – statements that cut off further conversation or exploration.

4. **Closed questions** – questions that cut off further conversation or exploration, usually that focused on content and could be answered by one word or phrase.

5. **Reflective statements** – any statement that reflected back what the patient was saying or feeling.

6. **Reflective questions** – any question which sought more information by reflecting back what the patient was saying or feeling.

7. **Empathic statement** – any intervention in which the chaplain showed empathy or stated his or her empathic/feeling response.

8. **Empathic question** – any question which sought more information utilizing an empathic or feeling response from the chaplain.

9. **Clarification questions** – a question asked by the chaplain to clarify details within the patient's story.

10. **Clarification answers** – the answer provided by the chaplain to a detail question asked by the patient (not questions of meaning or emotional significance).

11. **One word responses** – Examples: "mm-hmm," "wow," "oh."

12. **Affirmation** – responses of affirmation made by the chaplain.

13. **Reassurance** – responses in which chaplain tried to reassure the patient about their fears or concerns.

14. **Changes subject** – any time the chaplain changed the subject within the conversation.

15. **Gives advice** – any intervention in which the chaplain sought to advise the patient and what he or she should do or how they should feel.

16. **Assumptive statement** – any intervention made based on an assumption made by the chaplain that had not been checked out with the patient.

17. **Problem solving** – any intervention in which the chaplain tried to provide solutions, or propose solutions to fix problems expressed by the patient.

18. **Personal emotional reaction** – strong emotional reactions voiced by the chaplain to the patient that moved the focus of the conversation to the chaplain.

19. **Explores connections in story** – interventions in which the chaplain states or asks about connections between themes, ideas, feelings or issues shared by the patient.

20. **Silence**

21. **Ends visit abruptly (with prayer)** – a response that cuts off a conversation prematurely often with an offer to pray as a way of ending.

22. **Asks for prayer concerns** – when the chaplain asks what the patient would like to pray for and/or how he or she would like to pray.

In a sense I "double-coded" each response that did not fall into the neutral category. I used one of the 22 codes to determine what kind of intervention the chaplain made and then the category to which it belonged. In making decisions about how to code responses I looked carefully at how each intervention came across and at how it functioned in terms of the conversation. Some responses were clear. For example a sudden change of subject in the middle of a patient's statement about her fear of dying was obvious. An intervention in which the chaplain named a significant feeling that caused a patient to talk even more in-depth about himself was also obvious. However, not all subject changes cut off conversations. Sometimes they go to something more important or pick up a previous theme or feeling. Not all open-ended questions are helpful. Sometimes they are too vague, or they can also be used to turn a conversation in another direction. In those cases I looked closely at how the response of the chaplain student functioned in the conversation and tried to pick up the context of the pastoral rapport and how well the chaplain was "tracking" the patient emotionally and spiritually. I chose the category according to how it impacted the on-going conversation. This process was aided by the fact that each of these verbatims was presented in group by the students who wrote them. I had the chance to ask questions, clarify information and learn more about the context of a conversation and perceived body language and other factors. When coding, I had the notes of this resource when there was clear doubt about how to code a response.

Participants

I conducted this research with two extended unit (part-time) CPE groups. My level I group consists of six persons. Five of them had no previous experience of CPE and the learning methodology was completely new to them. One of the six had done a prior unit of CPSP CPE (CPE that is accredited by an organization called the College of Pastoral Supervision & Psychotherapy); however she came into this unit with no final evaluations from that unit. I spoke with her previous supervisor on the phone and was told that she had completed the unit and confirmed that he had not given her a final evaluation. Her pastoral skills at the beginning of the unit did not reflect a basic understanding of listening skills or of the clinical method of learning which is why she went into the Level I group. Though there were six students in this group, I only have five in this research study because one of the students did not write her verbatims on conversations that she had after presenting her spiritual autobiography of suffering. She presented her verbatims in class but it was not until after the research period was over that I discovered that the conversations she presented were both from the period prior to writing and presenting her spiritual autobiography of suffering, thus I excluded her work from the study. Of the five students that are part of the study, two are male, three are female. One is African-American, one is African, one is a Haitian immigrant, and two are U.S. born Caucasians. They are all Christian. Two are Episcopalian, one is Roman Catholic, one is Baptist and one is Pentecostal. Two are in their early thirties, two are in their fifties, and one is in her sixties.

My level II group consists of four persons. Two of them are in their fourth unit of CPE and two are doing their second unit of CPE. Three of them have done all of their

CPE training with me at Christ Hospital, one has done three of her four units with me. All of them had done the spiritual autobiography of suffering exercise before. The two second unit students had been in the extended unit in which I did the preliminary pilot study in the spring of 2006. The other two have done the spiritual autobiography exercise in its various different forms of explanation. The student in his fourth unit has done the exercise in every unit. However this was the first time I specifically asked him to write about an experience of suffering. This group consists of two men and two women. Three are U.S. born, white Caucasians and one is a Hispanic immigrant. Three are Christian (one Episcopalian, one non-denominational and one Roman Catholic) and one is a Reform Jew. One is in his mid-thirties, one is in his mid-forties, one is fifty, and the other sixty.

I was very curious to see how the research results would compare between the two groups. The Level II group went into the experience with an overall high level of pastoral skill and with a great affection for the spiritual autobiography of suffering exercise. Each member had reported in previous units that it had been very helpful to them. The level I group was new to the whole idea and had no previous experience with spiritual autobiography of suffering of the kind I asked them to write.

The Spiritual Autobiography of Suffering Exercise

I followed the same pattern of implementing the spiritual autobiographical exercise as I did in my summer pilot study (see above). For the Level I group I gave a didactic on spiritual autobiography of suffering, as explained above. I gave them an instruction sheet on the rubrics of writing the spiritual autobiographical exercise and explained it in detail (see Appendix H). I gave them examples of spiritual autobiographies (see Appendix D),

and provided them a photocopy of the first half of Gornick's *The Situation and the Story* to read as homework (see Appendix E for highlights of Gornick's work). The following week I set aside time during our class session for them to ask any questions or share any thoughts or concerns about the assignment or the readings. In the Level II group I also gave the same didactic on spiritual autobiography of suffering (this was a new element for all of them) and gave them the instructions, examples and the copies of Gornick's work. They had all read the portion of the book before, but wanted to peruse it again.

I allotted one hour and twenty minutes per person for their presentation. The presentation sessions flowed in the same manner as I described in the pilot study above. As in the past each of the presentations were moving, some deeply so. In the Level I group some of the students took greater risks in sharing than others, but all of them shared significant experiences of suffering and were able to receive support from the group and explore their operational images and beliefs about God. In the Level II group each of the students took significant risks in sharing their experiences of suffering and engaged each other on a deep level about the impact of these experiences upon their spiritual lives.

In my project proposal for this research I stated that I would do a survey of other ACPE supervisors in the Eastern Region to find out how they deal with issues of spiritual history and development upon their students' pastoral care and pastoral identities. As I pursued this project, the research on coding the verbatims and refining the spiritual autobiography of suffering tool became a much larger project than I had originally imagined. In consultation with my advisor, my site-team, Dr.Galek, our research professor in the D.Min. Program and my NYTS liaison, the Rev. Dr Martha Jacobs, I

decided to change the focus of this study to concentrate on the development of the spiritual autobiography of suffering exercise and the in-depth research to measure its impact on students' pastoral listening skills.

CHAPTER IX

RESEARCH RESULTS

Coding the verbatims on a chart immediately demonstrated the balance of responses that were reflective and empathic versus those that were not. Comparing the four charts of the students' verbatims showed the trends of the responses before and after the spiritual autobiography of suffering exercise. However, I wanted to quantify the data outcomes for the sake of comparison. I utilized a simple mathematical calculation to determine the percentages of the responses and by how much they increased or decreased. For each verbatim I counted the number of total chaplain responses. Students number their verbatim exchanges in numerical order, so the first thing the patient says is usually labeled "P1" and the first thing the chaplain says is usually labeled "C1" and so on. However, students often leave out a number or accidentally invert the "P" and the "C." In my numbering system, I counted the total number of responses or statements made by the student chaplain in the verbatims irrespective of what number he or she had assigned to them.For this research I only wanted to quantify the actual responses that were not part of the "neutral" category. So I deducted the number of "C" responses in the "neutral" column from the total number of responses made. Then I divided 100 by the remaining number to calculate the percentage weight of each response. For example, in student "M's" second verbatim he had a total of 15 "C" (chaplain) responses. Three of them were in the neutral category thus leaving 12 statements to quantify. I divided 100 by 12 which equals 8.333333. I rounded to the nearest hundredth, thus coming up with

8.33 % for the "weight" of each response. Then I simply counted all the responses that were in the four positive categories and multiplied those by 8.33 to arrive at the percentage of responses that were reflective and empathic. In this case 8.33 X 2 = 16.66%. Then I did the same for the number of responses that were in the four negative categories to arrive at the percentage of statements that were not reflective and empathic. In this case 8.33 X 10 = 83.3 %. So for verbatim number two, "M's" responses were 16.66% reflective and empathic and 83.3% not empathic or reflective.

I calculated the percentages for verbatims one and two and then averaged the two positive percentages (verbatim 1 positive percentages + verbatim 2 positive percentages, then divided the total by 2). I calculated the average of the two negative percentages as well. These are marked on the table below by (V1+V2/2). I followed this same pattern with verbatims three and four. Then I calculated the overall changes in the verbatims by calculating the difference in the averages between the averages of verbatims one and two and the averages of verbatims three and four. I calculated the difference in the negative responses before (verbatims one and two) and after (verbatims three and four) doing the spiritual autobiography of suffering by deducting the average negative responses of verbatims three and four from the average of negative responses from verbatims one and two. This is marked on the chart as (v1+v2/2) – (v3+v4/2). This number marks the decrease in negative responses in the student's verbatims after doing the spiritual autobiography of suffering. Looking at student "M" again, his average negative responses for verbatims one and two were 79.14%. His average negative responses for verbatims three and four were 27.6%. His overall decrease in negative responses after doing the spiritual autobiography of suffering exercise was 51.54%. I followed the

reverse pattern to determine the increase in positive responses. I deducted the positive average of verbatims one and two from the positive average of verbatims three and four. This is marked on the chart on pages 107-108 as (v3+v4/2) – (v1+v2/2). Student "M's" average of positive responses in verbatims three and four was 72.4%. His average of positive responses for verbatims one and two was 20.83%. 72.4 – 20.83 = 51.57. "M" increased his reflective and empathic listening skills by 51.57% in the verbatims he did following the presentation of his spiritual autobiography of suffering.

The two tables below contain the calculations based on the number of responses made per verbatim that were not in the "neutral" category. These tables can be cross referenced with the verbatim code charts in Appendix A. There is a table below for the Level I group and the Level II group.

Level I

The results of the research for this group demonstrate a consistently high level of improvement for all students except one—student "C"—whose verbatim trends for reflective and empathic listening skills plummeted following the presentation of her spiritual autobiography of suffering. Ironically, this was the student who had done the prior unit of CPSP CPE. This is a dramatic anomaly compared to the overall learning curve of the other students; however her case did demonstrate results that I had not expected or hypothesized. "C's" first two verbatims were very close in the percentage of reflective and empathic listening skills she utilized in her visits. She presented a spiritual autobiography of suffering in which she shared an experience that was profound and painful for her. This was especially significant because she had gone back and forth on how safe she felt in the group sharing personal information, though she was always an

active participant. In both her third and fourth verbatims she brought cases that tapped into deep issues for her that she had struggled with for a long time. In the fourth verbatim in particular she worked hard in the group to voice her fears and discomfort with "pushing" people to talk about difficult things and her fear of increasing their suffering. She was also able to connect this to her fears about re-living her suffering by sharing it out loud with others. These two verbatims demonstrated growth for "C" in her ability to bring a more honest and vulnerable part of herself and her work (bringing verbatims in which she did not feel she had done well) to the group to work on and to ask for help from others. While her verbatims showed no improvement (actually her pastoral work became worse, as her numbers show that her negative responses greatly increased and her positive statements greatly decreased), she did demonstrate a better use of the CPE process of learning by reflecting more openly and honestly on one's work and self.

Level II

I was unsure how the exercise would impact the pastoral skills of the Level II group because they had each done a spiritual autobiography of suffering at least once before and because of their advanced skill levels going into the research period. In a sense, this felt almost like a separate project because the results would be measuring the continuing effectiveness of utilizing the spiritual autobiography of suffering tool. The results of this group demonstrated that each person increased their use of reflective and empathic listening skills as a result of presenting their spiritual autobiographies. The result that surprised me the most was student "R." R is the student who is in his fourth unit with me and this was his fourth time doing a spiritual autobiography. R also works full-time as a chaplain. I expected him to show the least amount of change, and in fact he

showed the greatest increase in his use of reflective and empathic skills after the spiritual autobiography of suffering exercise than any of his peers. I will comment on this more in-depth in the "Implications for Ministry" chapter below.

The remaining results are on the tables on the following two pages. Please note that not all the percentages add up to exactly 100% because I rounded the numbers to the nearest 1/100 in doing the calculations.

Student	V1	V2	Averages (V1+V2/2)		V3	V4	Averages (V3+V4/2)	Percent Improvement: Negative Responses (V1+V2/2) - (V3+V4/2) Positive Responses (V3+V4/2) - (V1+V2/2)
Level I								
M	n= 12 responses	n= 12 responses		**S P**	N= 11 responses	n= 13 responses		
	74.97% neg	83.3 % neg	79.14%neg	**I**	9% neg	46.2% neg	27.6% neg	**51.54 % decrease in negative responses**
	24.99% pos	16.66% pos	20.83%pos	**R**	91% pos	53.8% pos	72.4% pos	**51.57 % increase in positive responses**
				I				
E	n= 16 responses	n=17 responses		**T U**	n= 12 responses	n= 11 responses		
	50% neg	58.8% neg	54.4% neg	**A**	25% neg	45.5% neg	35.5% neg	**18.9 % decrease in negative responses**
	50% pos	41.2% pos	45.6% pos	**L**	75% pos	54.6% pos	64.8% pos	**19.2 % increase in positive responses**
L	n= 17 responses	n= 15 responses		**A**	n= 9 responses	n= 9 responses		
	64.68% neg	26.68% neg	45.68% neg	**U**	44.44%neg	11.11% neg	27.78% neg	**17.9 % decrease in negative responses**
	35.28% pos	73.37% pos	51.39% pos	**T**	55.56%pos	88.89% pos	72.23% pos	**20.84 % increase in positive responses**
				O				
C	n= 20 responses	n= 17 responses		**B I**	n= 13 responses	n= 13 responses		
	45% neg	47.04% neg	46.02% neg	**O**	69.3% neg	69.3% neg	69.3% neg	**-23.28 % decrease in negative responses***
	55% pos	52.92% pos	53.96% pos	**G**	30.8% pos	30.8% pos	30.8% pos	**-23.16 % increase in positive responses***
				R				
O	n= 13 responses	n= 21 responses		**A P**	n= 18 responses	n=14 responses		
	77% neg	47.7% neg	62.35% neg	**H**	22.24%neg	21.42% neg	21.83% neg	**40.52 % decrease in negative responses**
	23% pos	52.47% pos	37.79% pos	**Y**	77.84%pos	78.54% pos	78.19% pos	**40.4 % increase in positive responses**

*See next chapter “Research Results”

Level II **Student**	**V1**	**V2**	**Averages (V1+V2/2)**	**S P I R**	**V3**	**V4**	**Averages (V3+V4/2)**	**Percent Improvement: Negative Responses (V1+V2/2) - (V3+V4/2) Positive Responses (V3+V4/2) - (V1+V2/2)**
R	n= 14 responses	n= 11 responses		**I T**	n= 21 responses	n= 21 responses		
	42.84% neg	45.5% neg	44.17% neg	**U**	14.28%neg	14.28% neg	14.28% neg	**29.89 % decrease in negative responses**
	57.12% pos	54.6% pos	55.86% pos	**A**	85.68%pos	85.68% pos	85.68% pos	**29.82 % increase in positive responses**
				L				
LK	n= 24 responses	n= 33 responses		**A**	n= 22 responses	n= responses		
	4.17 % neg	31 % neg	17.59% neg	**U**	0% neg	10.43% neg	5.22 % neg	**12.37 % decrease in negative responses**
	95.9 % pos	69 % pos	82.45% pos	**T**	100% pos	89.6 % pos	94.8% pos	**12.35 % increase in positive responses**
				O				
P	n= 23 responses	n= 25 responses		**B I**	n= 26 responses	n= 35 responses		
	39.15 % neg	32 % neg	35.58% neg	**O**	19.25%neg	5.72% neg	12.85% neg	**22.73 % decrease in negative responses**
	60.15 % pos	68 % pos	64.45% pos	**G**	80.85%pos	94.38% pos	87.61% pos	**23.16 % increase in positive responses**
				R				
S	n= 21 responses	n= 23 responses		**A P**	n= 28 responses	n= 28 responses		
	47.34 % neg	8.7 % neg	28.02% neg	**H**	3.57 % neg	3.57 % neg	3.57 % neg	**24.45 % decrease in negative responses**
	52.67 % pos	91.35 % pos	71.98% pos	**Y**	96.39%pos	96.39% pos	96.39 %pos	**24.41 % increase in positive responses**

CHAPTER X

IMPLEMENTATION OF GOALS, STRATEGIES & OBJECTIVES

Change in consciousness and faith development

1. Goal: To help students develop an awareness of how their experiences of God during times of suffering impact their pastoral functioning and pastoral identity.

Strategy A. Students will write a spiritual autobiographical reflection on an experience of suffering that has been pivotal in their lives.

Objective A. During the first half of the extended unit in 2006, all students in the group will write and present their spiritual autobiographical reflection to the group.

Outcome A. As demonstrated in the research methodology above, fall of 2006 I had two extended units. Each group met separately and during the first half of the unit they followed the same curriculum pattern. After presenting two verbatims to the group, each student wrote a spiritual autobiographical piece on an experience of suffering that occurred in his or her life. Each one shared it with the group.

Strategy B. I will facilitate the group to help the student to explore the suffering experience presented and to articulate their experience of God within that time.

Objective B. Through the group process I will help the student articulate the connection between their operational and professed image/beliefs about God's role in suffering. I will record these findings and insights in process notes.

Outcome B. Each student shared their spiritual autobiography of suffering by providing printed copies of it to their peers and then reading it aloud. Following this the group spent approximately one hour discussing and offering feedback and support to the presenter. I set the tone of the group for these presentations by thanking the presenter for his or her courage to share a personal experience of suffering. I proceeded to work with the presenter by modeling good pastoral care—drawing out more of the story, inviting the presenter to share whatever sense of meaning they attached to this story and then inviting them to reflect on their experience of God's presence or absence, involvement or non-involvement. Then I facilitated the group process to continue to explore these issues more in-depth. In each case the peer group was able to be affirming, supportive and interested in the suffering experience of the presenter and how it impacted his or her understanding of God. The group worked with each presenter to explore how his or her experience also impacted their operational theological beliefs—and how they matched or did not match the presenter's professed theological beliefs.

Change in participants' role performance

2. Goal: To enable students to increase their ability to be emotionally and spiritually present to patients' experiences of suffering.

Strategy A. I will work with students to enable them to explore the connection between their own responses to their experience of suffering and their capacity to respond to the suffering of others.

Objective A. Students will write four verbatims during the first half of the unit. In their verbatim analyses, students will articulate their emotional experience of being present to patients as they describe their suffering. During verbatim presentations I will help the student reflect on their reflective and empathic listening skills and their feelings during the visit, and encode verbatims to record changes.

Outcome A. Students did write four verbatims during the first half of the unit and as part of their written analysis they had to reflect on the spiritual and emotional impact of these visits upon them and their assessment of their reflective and empathic listening skills. During the verbatim presentations the group explored these issues in-depth and helped each presenter identify how his or her feelings helped or hindered their ability to stay present to the patient's story. I also coded verbatims as shown in the research methodology section and in the Research Results chapter.

Strategy B. I will work with students to enable them to explore how their images of God may be frozen and how they can begin to consciously work on allowing them to thaw.

Objective B. During the four verbatim presentations I will help the student to articulate his/her experience of God within the pastoral visit and track through process notes how this image may be changing.

Outcome B I encouraged students to articulate their experiences of God within their pastoral visits. This became easier for them in sessions three and four, in part because they had gotten used to writing and presenting verbatims, and because the spiritual autobiography of suffering of suffering reflection sessions increased their ability to do that kind of reflection. Because of this, I was less able to track changes in images of God, but was able to track their ability to be aware of their images of God.

Change in the institutional setting

3. **Goal: To develop an educational tool which other ACPE Supervisors can utilize for improving students' reflective and empathic listening skills by working on their spiritual issues of suffering.**

   Strategy A. I will help the students to reflect on the connection between their own experiences of God within suffering and their ability to be emotionally present to the suffering of others.

   Objective A. At the mid-unit evaluation, students will have demonstrated growth in their reflective and empathic listening skills, demonstrated through their verbatims and their ability to be flexible in their image of God.

   Outcome A By the mid-unit evaluation all but one student demonstrated growth in their reflective and empathic listening skills through their written work. Students did reflect on the connection between their own experience of God within their times of suffering and most were able to claim at least an intellectual understanding of the connection between that and their ability to stay pastorally

present to patients in their experience of suffering. Some demonstrated a deeper grasp of this concept. As mentioned before, students became more aware of their images of God, however by the mid-unit there was no concrete demonstration of their ability to be flexible in their image of God. The first half of the unit, which was the research period, brought awareness in their image of God but not flexibility.

Strategy B. I will take detailed notes of the interactions in the educational seminars and process groups in which these issues are discussed in order to observe what works best to refine the spiritual autobiographical reflection tool.

Objective B. I will have the students write in their mid-unit evaluations about this process and what guidance/processing/instructions worked most effectively for them.

Outcome B During the preliminary research period in the spring to 2006 and the pilot study during the summer of 2006, I did ask students to reflect upon and share with me what were the most helpful aspects of the spiritual autobiography of suffering of suffering process. This helped me to shape the way I utilized the tool during the research period. After the two extended groups in the research study completed the spiritual autobiography of suffering exercise, I asked them to give me the same feedback.Students reflected primarily on what was helpful about the process and were pleased with the instructions given for how to do the exercise. I did not receive any suggestions for changes to the process from the students.

CHAPTER XI

IMPLICATIONS FOR MINISTRY

The results of this research demonstrate that there is a direct correlation between peoples' capacity to withstand exploring their own emotional and spiritual experiences of suffering and their capacity to listen and be pastorally present to the emotional and spiritual experiences of other people's suffering. In CPE, dealing with students' experiences of suffering and how these have impacted their spiritual development is crucial to their healthy formation as pastoral caregivers. In CPE, one of our primary expectations is that students learn how to listen to the narratives or stories people tell us about their pain and suffering. Being attentive to these stories tells us how they find or make meaning out of their lives and how they understand God to be working in their lives and in the world. This is the most critical information for us to know in order to make any pastoral or spiritual assessment and intervention, and to be a healing presence. In CPE, we have long known and operated out of the belief that there is healing in telling stories because they reveal how the narrator locates herself within the events that she has experienced and tells us the nature of her understanding of their meaning or lack thereof. Narrative theology tells us that our capacity to re-frame or reconstruct our stories from new perspectives has tremendous healing capacity. We focus on reflective and empathic listening skills heavily because these are the basic building blocks of establishing pastoral rapport and helping a person tell their story. They also provide the basic tools we use to

help patients re-frame their stories re-tell them in new ways as they go through their experiences of suffering, fear, anxiety, or pain. Without the pastoral skills to draw out the patient's story, many of our other tools are useless.

In ACPE, we have a vibrant and rich history of connecting behavioral science with theology. As a movement begun primarily in liberal Protestantism we have been less willing to talk about "spiritual issues" as separate from theological beliefs. One of the implications for ministry that this study demonstrates is our need to take seriously the development and history of our students' experiences of God and how that impacts their current relationship with God. This is about their spiritual life, which hopefully is connected to their professed theological beliefs, but is often more deeply influenced by deeper feelings and beliefs. People can and do function with great incongruities between their professed and their operational theological beliefs or their intellectual ideas and their spiritual experiences. These must be explored and integrated for the healthy pastoral formation and functioning of our students. This is true on every level of CPE. Part of our educational task as ACPE supervisors is to not only teach students how to do pastoral care but also how to reflect on their pastoral work so that they can continue to learn even after they leave CPE. Our hope is that they not only learn, but learn *how* to learn. That is part of the clinical method we utilize. However, we have tended to interpret our learning objectives, outcomes, and even this method of reflection, solely in terms of theology and behavioral science. We need to expand our interpretation of our curriculum standards and our concepts of reflection to include the spiritual history, development, and life of the student.

The results of this study demonstrate that the use of the spiritual autobiography of suffering exercise can be a resource to access and work with this information. The tool itself needs to be carefully explained and the writing style needs to be explained and demonstrated through examples in order for it to be most effective. It will be most effective when CPE supervisors do it themselves first and explore the issues raised within their own peer groups or spiritual direction. It is a powerful tool that needs to be respected for the impact it can have. Sessions in which spiritual autobiographies are utilized need to be carefully facilitated and differentiated from IPR sessions. For many students I have found that these are the first times they have allowed themselves to receive pastoral care and support. That in itself can be transformative to them both personally and professionally. As demonstrated in the Level I group above, the study shows that for most students, connecting with their own experiences of suffering will deepen their ability to connect with their patients in their experiences of suffering. The student "C" who showed such an anomaly in her work implies that the exercise may also be useful in helping students come to use the learning process more fully, even though it will show the limitations of their skills. Many students have to "unlearn" certain beliefs and behaviors in order to grow in new directions. This kind of unlearning is good learning. Many of us come from families in which we have been taught not to talk about suffering—to be stoic or to not risk saying anything offensive. Those are learnings that students have to overcome in order to do this kind of work most effectively. "C" demonstrates that getting in touch with one's own suffering and feelings about God can help free one to show more vulnerability by risking showing incompetence and asking for more help in order to learn.

I also want to comment on the implications for utilizing this tool with students multiple times. In the research results student "R" demonstrated the most growth, which surprised me because he had done the exercise three times before. Student R is Deacon Raul Pamplona, now a professional chaplain who has done a lot of hospice chaplaincy. After a grueling few months of working a full-time day job in chaplaincy and a half-time job in hospice in order to support his family, Raul began his fourth unit of CPE. In thinking about his spiritual goal for the unit, he shared that he had become aware of some feelings about his fear of the death of his own family members, though not because of a specific illness or issue with anyone in particular. He had come to the realization that the kinds of situations in which he met people regularly—families who unexpectedly have to face the serious illness and impending death of a family member—could happen to him and his family. At the beginning of the unit he identified this as an issue that was really bothering him and unsettling his relationship with God. When it came time for the spiritual autobiography of suffering he focused on a story that he felt was connected to these feelings.

Raul is an immigrant from Colombia who worked hard to get to this country, and to work towards his citizenship. He worked full-time and attended classes at night and on weekends to become a Roman Catholic Deacon. He also went through an ESL program and then found a way to do CPE while continuing to work full-time at a warehouse and part-time at his church. He is also raising a family with two small children. He is socio-economically in the mid-echelon of the working poor. He lives in a house with his extended family and still has brothers in Colombia who have not been allowed to immigrate to the United States because of quotas. He sends money to his family there

and works hard to support his nuclear and extended family here. He is deeply committed to his ministry and for the last year has been employed as a chaplain at Christ Hospital.

In writing his spiritual autobiography of suffering, Raul became much more aware of his anger and frustration with God that the things in his life that he feels God calls him to do are so hard and take so much work and time away from his family. Raul worked with these feelings within the group and explored their impact on him emotionally and spiritually. Though Raul had done this exercise three times before, each one yielding a powerful story and experience, this was the first spiritual autobiography of suffering in which he shared any difficult feelings towards God. Previously, even with stories of tremendous suffering, he had always focused on the grace of God which he experienced as saving him—literally—from death for a purpose. This spiritual autobiography of suffering piece indicated a deepening intimacy with God in his willingness to share anger and frustration.

One of the verbatims he presented after his spiritual autobiography of suffering demonstrated his increased ability to listen to a patient who struggled with feelings towards God similar to his own. He was able to stay pastorally present to her and to employ skills that he already had, but did not previously utilize well in certain kinds of emotional circumstances.

Using the spiritual autobiography of suffering tool with the Level II group demonstrated to me that when using it multiple times, it works best when students can intentionally utilize it to target specific areas or issues in their lives and in their relationship with God. Knowing this will impact the way I utilize this tool with people who are taking multiple units with me who have done the exercise before.

Implications for Utilizing the Spiritual Autobiography of Suffering Exercise

One of the major differences in my research using the spiritual autobiography of suffering tool for this project was the timing or placement of the exercise in the overall curriculum in the unit. In the past I used it during the second half of the unit after the group had a chance to become a cohesive, working group. Usually, by the end of the mid-unit evaluation period, the students have taken some significant interpersonal risks with one another. In previous groups this has helped make the spiritual autobiography of suffering exercise more helpful to the students because they are willing to share on a deeper level than they are within the first few weeks of the unit. The research period for this demonstration project covered the first half of both my extended units, which meant that I was employing the exercise much earlier in the unit than I had previously done. The research demonstrates that the effect of using the exercise at this point in the unit had a positive impact on the pastoral skills of most of the students in the study. I was also impressed with the amount of interpersonal risk the students were willing to take with one another this early in the unit, especially in the Level I group. This was significant. Using the exercise in the middle of the first half of the unit helped to create a deeper level of communication and sharing, however it made it more difficult for the students to give each other feedback on their operational images of God because they had less experience with each other in theological reflection sessions. When used in the second half of the CPE unit, the students generally have a better sense their peers' theological beliefs and ideas about God and how these impact their work. This knowledge allows them to help their peers to recognize any incongruities that emerge. In utilizing this tool, it is

important to consider at what point in the unit it will be most helpful to employ the exercise. It can accomplish different things at different times.

Another issue became clear to me as I worked to develop and refine this tool for use by other ACPE supervisors. Using this exercise requires some understanding of spiritual direction and a good sense of how it differs from CPE supervision. It also requires that the CPE supervisor have engaged or be engaged in this work in a thoughtful and reflective manner. This tool will not work if the supervisor is not conversant with his or her own struggles with operational theological material and dealt with them in some kind of spiritual setting such as spiritual direction. This exercise demonstrates strongly the power of parallel process in the spiritual life. We must be willing to engage this spiritual work ourselves if we are going to help students deal with their spiritual issues. Expanding our ideas about including spiritual history and development as part of our understanding of the outcomes and objectives of CPE will be more effective if we also expand our practice of working with those things personally and professionally.

Implications for Further Research

This demonstration project is just a beginning. The research itself is rich with possibilities that only begun to be mined. This inquiry has been limited to show the correlation between doing this exercise and the improvement of one area of pastoral skills—reflective and empathic listening skills. Reflective and empathic listening skills are extremely important but they are by no means the only pastoral skills students need to learn. One of the issues that became clear to me in going over the verbatims, especially of the Level II group, was that even when a chaplain is utilizing good reflective and

empathic listening skills, they can still miss major issues if they do not know what to do with the stories once they are told. This was more obvious with the Level II group because they did start with a higher level of ability to utilize reflective and empathic listening skills and started with an increased ability to help people tell their stories. It would take further research and a different way of coding verbatims to explore the impact of spiritual autobiography on other kinds of pastoral skills, but I trust that there is a correlation to many of those skills. This kind of quantitative research of coding verbatims is subjective and other supervisors might choose different criteria for coding responses and for determining whether an intervention is empathic, reflective, open-ended or closed, etc. Other ways of looking at the data would shed further light on this process. For example another coding system could also be used to look at other aspects of pastoral care—other kinds of skills and abilities to determine how the spiritual autobiography of suffering exercise affected growth in those areas. This could be particularly helpful with more advanced students who are already skilled in reflective and empathic listening skills. There is a tremendous need for research in CPE to explore the impact of spiritual history and development on students learning and pastoral formation. When there are experiences of suffering that have wounded a person and his or her image of God that get buried and are not healed and integrated, they exercise a powerful but unrealized force in shaping the spiritual life, pastoral identity and functioning of the student. It is my hope that this project will inspire further interest, study, research and reflection in this area.

CHAPTER XII

TRANSFORMATION

> "Do not be conformed to this world, but be transformed by the renewing of your minds, so that you may discern what is the will of God—what is good and acceptable and perfect." (Romans 12:2)

For the apostle Paul, the "renewed mind" was the essential aspect of his vision of a transformed life. He believed that the mind in its natural, human state was a dark, rebellious place given easily to sin. He was convinced that transformation comes as a result of belief in Christ—not a casual belief, but a belief characterized by a deep, life-altering acceptance of the love of God that frees us from our enslavement to old ways of thinking and behaving. This is what he meant by "the renewing of your minds." For Paul, this renewal was an inner freedom that comes only from God. It is so powerful that it can transform our wounds, our inner darkness, and our attempts at self-justification. Our renewed minds, according to Paul, give us the capacity to break free from following religious, social, familial, and cultural "rules" we have internalized that have previously dictated the way we should behave in order to gain God's favor. Living in the abundance of God's love through Christ sets us free to know and to reason for ourselves what is truly pleasing to God. When we do this in freedom, it will naturally be an ethical response to the transforming love that flows into us, because we will want to share this liberating love with others. When our minds are not renewed or transformed by the love of God, we are stuck in mindless compulsions trying to get God's attention or replicating

behaviors and beliefs that may be harmful to ourselves and to others. Paul urges the Romans to hang onto this transforming love and to allow it to renew their minds so that they will continue to grow in the knowledge of the love of God that is theirs. His concern is that they will let go of this precious freedom (even out of the best of intentions) to follow the rules of a religious system in a way that will cause them to regress to a place of striving to earn God's love rather than accepting that they already possess it and now must face the task of living it out in the world. Paul implores the Romans not to conform to the old ways--not to follow religious rules mindlessly in order to find self-justification. He holds that what promises to flow from the transformed self will be the image of God.[60]

Although we live in a very different world now than the apostle Paul, the wisdom of his theological assertion still has validity. We generally have a more sophisticated understanding about the kind of things that can cause the human mind to become dark and rebellious. We are well aware of the cruelties of our world, such as trauma, abuse, neglect, violence, and prolonged or severe illness. We know that these things can warp our minds and souls so that they do become darkened, painful places where we consciously or unconsciously hide our true selves. When people suffer, especially in situations in which they have few resources to help them cope, their hearts and minds can become dark places. These darkened places are not necessarily evil, but often places of unexamined, stored pain, anger, and suffering that continue to influence behavior, beliefs about the self, the world, and God. These "operational" belief systems, behavior patterns, and images of God can enslave us in ways of which we are unaware because they may

[60] NIB Complete Set, Romans 12:2.

seem "natural" to us. When we begin to work toward a new spiritual goal—such as ordination or other pastoral care profession—we become more aware of our own chained-up, enslaved places because we are engaged in helping others with their chains.

Throughout this demonstration project, I have explored the transformation that occurs when one is liberated from these chained-up places—from enslavement to past or present suffering and from the fear of suffering. I have also explored the need to use a new hermeneutic of liberation to unchain God from the images and fears we carry that are often rooted in, or exacerbated by, our old interpretations of scripture.

Transformation is a process of receiving the grace of God that empowers us to look at our own "darkened" places of un-synthesized suffering so that we can not only heal, but also let God go free from the images we use to hold the chains in place. As we engage this regenerative process, God renews our minds and gives us more strength to continue this endeavor. As we are changed and liberated, our suffering does not disappear. Rather, the hold that it has upon our minds, our beliefs, and our behaviors is broken and we are free to hold our suffering, to learn from it, and to use it as a resource of compassion, empathy, and love for others. Transformed suffering is liberating to us and it is a powerful vehicle for God's love. I am not speaking of a smarmy kind of love that simply conveys positive feelings, but the power of God that can break chains of suffering, renew minds, and change lives. It is a dangerous love in the sense that it can change everything. The people of Israel who were set free from Egypt were not delivered automatically or quickly to the Promised Land where their lives became easier. They were set free to wander in the wilderness and there encountered a difficult process of transformation that ultimately would break the chains of slavery and enable them to

receive God's love on deeper and deeper levels. This kind of transformation does not happen all at once; it is an ongoing, painstaking, and life-long process.

Throughout this demonstration project I have explored the powerful impact that unresolved suffering can have on one's operational theology, as well as the need to access and explore these old wounds in order to liberate God from images and beliefs that are abusive, limiting, or otherwise negative. As I discussed extensively in chapter IV (using theology to develop a new hermeneutic of liberating God) and in chapter V (demonstrating how to use this new hermeneutic in the exegesis of a Biblical text), we can only access these issues when we shift out inquiry about suffering from "why do we suffer?" to "how shall we suffer?" Human beings suffer. We get very little choice about that. However, we always choose "how" we are going to suffer. Even if we have chosen to push the suffering away, or if we have refused to deal with the feelings and the emotional and spiritual injuries that suffering can cause, we still can make a choice at any point to change that pattern of suffering, with God's help, so that we–and our suffering–can be transformed.

The spiritual autobiography of suffering exercise I have outlined in this study demonstrates a tool that can be utilized in ACPE to help supervisors and students work with past or present suffering and to experience (at least the beginning of, or the continuation of) a transformational healing process. In my experience of doing my own spiritual autobiography of suffering exercise with someone who could pastor me through it, I went through a healing process that involved excavating deep, unresolved feelings toward God. I had spent years in therapy talking about and working through emotional issues with family, myself, and other people. In spite of my attempts to work on my

relationship with God in that setting, I had not been able to move through the issues with God on such a deep level until I experienced this process. Through this process I have been transformed and am still being transformed. In finding my voice to tell my own stories of suffering in such immediate ways, I was able to name old feelings that I had locked away for many years, but which still affected my sense of self and my sense of God. In spite of all my well-constructed images of God, I still had nagging doubts and fears about how God might really be judgmental, distant, and impotent. Dealing with these feelings transformed my relationship with God. I am not claiming that now it is perfect and everything is resolved, but I am much more "real" within the relationship, and I can allow God to be much more real. This has not been an easy process for me. Making the choice to deal with my own past and present suffering in a new way was frightening and often painful. Understanding that we do choose, consciously and unconsciously, how we are going to suffer is critical in this process. The reason this worked for me is because I was ready to own that choice and to "break" many of the rules I had internalized from my family and my culture of origin. In my personal experience and in my supervisory experience, I have observed that this process works best when people are at a point in their lives when they have cultivated some ability to face their pain and still keep going. It is important that a person be able to develop enough trust in relationships to take some risks without feeling undone. It is also essential that there be some initial relationship with God, even if it is not "good" or "happy." It is also crucial that the person has a desire to grow and to develop a relationship with his or her suffering even when it is difficult to do so. The more one is able to do these things, the better this process works.

It is essential that CPE supervisors who want to utilize the spiritual autobiography of suffering exercise with their students also possess these qualities. This process transformed my supervision. I became even more emotionally available than I had been previously and much more aware of the "nuances" and "ambiguities" of the spiritual lives of my students. Rather than focusing on the psychological aspects of students' dynamics and issues, I also began to look for their spiritual dynamics and to explore how their experiences of suffering might be impacting their lives and relationships with God. Bringing the spiritual autobiography of suffering exercise into my supervisory practice transformed the "balance" of my supervision process. I now include more emphasis on spiritual issues and uncover with students how better to assess these issues in their patients and how to integrate their assessments into their pastoral work in new ways.

I also have advocated for the inclusion of spiritual history and development in the way ACPE interprets the outcomes and objectives of its curriculum. Utilizing tools such as the spiritual autobiography of suffering, along with other resources that focus on these matters would transform our way of supervising within the organization as a whole. Too often, we are narrowly focused on the integration of behavioral sciences and theology. We need to expand our focus to include the spiritual life and dynamics of the students, as well as their psychological dynamics and their professed theological beliefs. Doing this would transform the way we train pastors. We would be helping them to liberate God so that their minds might be renewed and thus transformed. Our goal is to educate pastors. Our goal is that CPE should be a formation process that is also a transformation process—one which helps students to become healthy, functional pastoral caregivers who

are liberated from their internalized enslavements and who can use their process of growth for the transformation of others.

The students who participated in this study experienced this kind of transformation to different degrees. Doing the spiritual autobiography exercise enabled them to view aspects of their operational theologies and to grapple with the places that these were incongruent with their professed beliefs and the truths of their faith traditions. They were transformed by breaking free of some of the chains of the experiences of suffering about which they wrote. Each of them took major steps toward integrating their experiences of pain and suffering so that it could become part of them in healthy and healing ways. My research demonstrates that there does seem to be a correlation between students attending to these issues and their increased ability to utilize reflective and empathic listening skills, which are the foundational skills of pastoral care.

Paul, a Level II CPE student summed up the transformation process of doing the spiritual autobiography of suffering exercise best in an e-mail reflection he sent to me:

> Hi Beth: Just wanted to share some thoughts with you with respect to your project and my feelings about the quality of my pastoral care visits before and immediately after doing my second Spiritual Autobiography. As you know, I am a FIRM believer in the Spiritual Autobiography. Writing and reading in this free flowing fashion about an significant event in my life has helped me enormously in getting in touch with a whole range of feelings about suffering, how we suffer, what it means in the short and long terms, where God and others enter into suffering with us and how we can be lifted up in our suffering, and most important, how it helps to shape and define for us a personal theology of suffering, healing, and our understanding of the presence of God in our lives.
>
> In my first Spiritual Autobiography I was able to reach down and pull up some very difficult repressed feeling about my own suffering as a child with diabetes. It helped me to connect better with patients in their suffering and to more fully acknowledge the intimate and unique stories that each person has and needs to be able to tell. This shaped me as a pastoral care giver and allowed me to be more present for others in their suffering.

In my second Spiritual Autobiography I became far more aware of where I see God and how I see God and the Church as a Community of Faith for all people, most especially those who have been "left out in the cold at least once in their life" (in other words, all of us). Although, as it is supposed to work, I knew this on some level, the Spiritual Autobiography - both writing and reading it over several times, helped me through the processing of ONE EVENT as a window into recognizing, defining, and much more fully embracing my own ministry as one who seeks to invite and welcome God's people out of the cold. I do not see this as a technique to deny suffering but rather as a means to be truly present with those who suffer and to hold them up in the warm and welcoming embrace of God and the community. Come to God just as you are, come in out of the cold.

The most distinct difference that I felt in myself as a pastoral care giver in doing patient visits and verbatims after my second Spiritual Autobiography was that I had moved from being able to acknowledge a patient's suffering and to be present with them, to a deeper understanding of suffering and our search for God in our pain. I felt far more deeply connected to God and my faith and personal theology because I had made such a breakthrough in the way that I understand and express my faith. Because of this, I was able to more confidently help another person to tell their unique story and to help them to dig more deeply and better connect with their faith understanding as it evolves out of their own experiences.

I will continue to be a supporter of the Spiritual Autobiography as a means to connect with a deep personal understanding of our relationship with and to God and others. I believe that it can have a profound impact in shaping pastoral care givers and I am so very thankful to have experienced it. Paul[61]

[61] Paul Fitzpatrick, "Thoughts on the Spiritual Autobiography Process," e-mail message to Beth Glover, December 19, 2006.

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APPENDIX A

VERBATIM CODES

The following 22 pages contain the charts I created to record the verbatim codes for each of the students four verbatims. Each "C" response (chaplain response) in every verbatim was coded by its function and then placed in a category. This method is explained more fully in chapter VIII, "Research Methodology," pages 93 – 97.

Student's Name: "M" (Level I – First Unit – First Spiritual autobiography of suffering)

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 1- 10/31/06 MC 77 yr old Female Total Responses 21		C11-open ended question C19 – open ended question	C21: reflective statement		C1 C2 C3 C4 C5 C6 C7 C8 C9		C13-changes subject C22- closed question C23- closed answer	C14 –closed question C15 – closed question C16 – closed question C17 – closed question C18 – closed question C20 – closed question	
Vb 2 11/14/06 PP 73 yr female Total Responses 15		C4 – open ended question C9 – open ended question			C1 C2 C3			C5-changes subject C6-closed question C8 – closed question C11-closed question C12 – closed question C13 – closed question C14 – closed question	C10- closed answer C16 – changes subject C17-ends visit abruptly
Spiritual	Autobiography	12/12/06							

	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 3 12/17/06 MO 64 yr female Total responses: 16	C10 – reflection question C12 – open ended question	C5 – open ended question C6-open ended Question C7-clarification question C8 – open ended question C9 clarification question C11 open ended question C13 affirmation response	C4-reflective statement		C1 C2 C3 C15 – ending prayer C16			C14 – Abrupt end to visit using prayer	
Vb 4 – 12/23/06 P- 71 yr Male Total responses: 17	C11 – reflection question C12-reflection question	C5- open ended question C6 – open ended question C10 – open ended question C13 – clarification question	C3-reflective statement		C1 C2 C17 C19			C16 – closed answer	C7- closed question C8-closed question C9 – gives advice C14 – closed question C15- closed question

Student's Name: "E" (Level I – First Unit – First Spiritual autobiography of suffering)

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 1 11/7/06 KT 51yr female Total Responses: 19	C7-reflection question C14- reflective statement C16-open ended question C19 (P19) – open ended question	C3-open ended question C5-open ended question C6-open ended question C13 – open ended question			C1 C2 C22 (p22) Offer to pray	C9-closed question C15- subject change		C4-subject change C10-problem solving C11-problem solving	C8-closed question C18 (p18) – closed question C20 (p20) – subject change
Vb 2 11/7/06 JB – 67yr Female Total Responses: 20	C7- open ended question C8-reflective question C11- open ended question C15- Open ended/ reflective questions C19 (p19) – Open ended question	C3- Open ended question C16-clarification question			C1 C2 C22- Prayer	C9- subject change C14- gives advice/ reassurance c18 (p18) – subject change		C5-subject change C6-subject change C17-problem solving C21- ends visit abruptly with offer to pray	C10- subject change C13-Subject change C20- closed question

Spiritual	Autobiography	12/12/06							
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 3 12/17/06 P 55yr male Total Responses: 15	C6 (p5)-open ended question C7-open ended question C9- reflective question C15-prayer concerns C16- open ended question	C3 (P2-2) – open ended question C4 (p3) – reflective statement C12- empathic statement & open ended question	C8 – empathic question		C1 C2 C14-offer to pray		C10- subject change	C5 (p4) – Closed question	C13- subject change
Vb 4 12/28/06 P 88yr female Total Responses: 15		C2- open ended question C7 – open ended question C8- reflective statement C9- clarification question	C11- reflective statement	C3- open ended question	C1 C13- offer of prayer C14- prayer C15	C4- closed question		C5-subject change C6 (p6) – subject change C10- subject change	C12-end visit abruptly

Student's Name: "L" (Level I – First Unit – First Spiritual autobiography of suffering)

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 1 10/19/06 PG 69 yr female Total responses: 22	C11- reflective statement	C3 - Open ended statement C4 – Open ended question C5 – Clarification question	C12 – empathic statement C18-empathic statement		C1 C2 C20 C21 C22		C12-changes subject	C6-closed question C7 – closed question C8 – closed question C9 – assumptive statement C13-closed question C14 closed question	C10 – changes subject C15- assumptive statement C17-subject change C19-closed question
Vb 2 11/9/06 MS 30yr Female Total responses: 18	C8 – open ended question C9 – open ended question C10 – open ended question C12-open ended questions C13-open ended question	C3- open ended question C7- open ended statements C14-open ended question	C2-reflective statement C4-empathic statement C15-empathic statement		C1 C17 C18	C5-closed questions		C11-closed questions	C6-assumptive statements question C16-abrupt end/offer to pray
Spiritual	Autobiography	11/28/06							

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 3 12/19/06 Wife of patient P 55yr male Total responses: 15	C7 – open ended question	C3-Reflective statement C4 – Empathic statement	C10-reflective statement C11-empathic statement		C1 C2 C11 C12 C14 C15	C5-closed question		C6-closed question C8 – subject change C9-closed question	
Vb 4 1/2/07 Mother of patient "P" 29 yr female Total responses: 14	C4 – Reflective statement C5- open ended question C6-clarification question	C7-open ended question C8-reflective statement C10- open ended question C11-open ended question		C12 – empathic statement	C1 C2 C3 C14 C15			C9-closed question	

Student's Name: "C" (Level I – First ACPE Unit; Previous participation in one unit of CPSP – First Spiritual autobiography of suffering)

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 1 10/24/06 EC 69 yr female Total Responses: 27	C9 – open ended question C19- empathic statement & open ended question	C4 – open ended question C5 – open ended question C10- clarification question C12- open ended statement C14-open ended question C15 – open ended statement C17 – open ended questions	C6-reflective statement	C21 – statement of clarification	C1 C2 C3 C23 C24 C25-prayer C26	C20 – subject change	C16-assumptive statement	C7 – subject change C8-closed answer C22-closed questions & subject change	C11-personal emotional reaction C13 – personal emotional reaction C14 Assumptive statement C18- subject change
Vb 2 – 10/29/06 HG – 64 yr male Total Responses: 20	C11- open ended question C16- open ended question C17 – open ended question	C3- open ended question C5 – open ended question C10 – clarification question C14 – open ended question	C7-open ended question C9 – reflective statement		C1 C2 C19-Prayer		C8 – offers reassurance & closed question C15 – closed question C20 – Ended visit abruptly	C4 – closed question C6-closed question	C12-assumptive statement C13 – gives advice C18-changes subject by offering prayer
Spiritual	Autobiography	11/28/06							

	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 3 12/07/06 LW – 40yr female Total Responses: 17	C12 – clarification question C13- Open ended question	C1- open ended question C2-open ended question			C15 C16-Prayer C17 C18		C4-closed question C5-subject change & closed question C7 – closed answer & gives advice /reassurance C8 – closed answer & gives advice /reassurance C10-empathic statement & advice/ Reassurance C11-empathic statement & advice/ Reassurance C14 –Advice/ reassurance	C3-closed question	C6 – subject change
Vb 4 12/24/06 AH 37 yr male Total Responses: 18	C15 – asks for prayer concerns	C3-open ended question C10 – clarification question	C8-open ended question		C1 C2 C17 – prayer C18 C19		C14- changes subject	C4-closed question C5-closed question C6-closed question C7- change subject C9-closed question	C11-change subject C12 – closed question C13 – closed question

Student's Name: "O" (Level I – First Unit – First Spiritual autobiography of suffering)

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 1 10/31/06 KC 32yr Female Total Responses: 18	C15 – open ended question	C2 – open ended question	C10 – reflective statement		C1 C16 – offer to pray C17-prayer C18 C19		C3-empathic statement then changes subject C5 – silence	C4 – empathic statement then changes subject C6 – changes subject C7 – closed question C8-closed question C9 – reassurance	C11 – one word response C12 – one word response C13 – one word response
Vb 2 11/7/06 WM 91 yr female Total Responses: 27	C11 – reflective question C15 – reflective question C22 – open ended question C24 – asks for prayers sconcerns	C4 – open ended question C7 – open ended question	C14-reflective question C23 – reflective statement	C9 – reflective statement C10 – reflective question C16 – empathic statement	C1 C2 C3 C25 – prayer C26 C27		C17 – closed statement	C5 – changes subject C6 – changes subject C8 – closed statement C18 – closed statement C19 – closed statement C20 – silence C21 - silence	C12 – changes subject C13 – closed statement
Spiritual	Autobiography	12/5/06							

	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 3 12/26/06 BJ 54 yr Male (Son of pt.) Total Responses: 22	C9 – open ended question C10 – open ended question C11- clarification question C21 – open ended question	C1 – clarification question C2- clarification question C4 – open ended question C6 – open ended question C7 – open ended question C22- open ended statement	C5- reflective statement C15 - gives assurance	C18 – empathic statement C20 – empathic statement	C16 – Prayer C17 – prayer C19 – offer to pray C23			C3 – closed question C8 – closed question	C12 – gives advice C14 – gives advice
Vb 4 12/31/06 PG 25 yr female Total Responses: 20	C6 – open ended question C10 – reflective statement C11 – reflective statement C12 – reflective question C13 – reflective question C17 – reflective question	C5-open ended question C15 – open ended question C18 – clarification answer	C14 – reflective statement	C16 – empathic statement	C1 C2 C3 C4 C19 C20			C7 – subject change C8 – subject change C9- closed question	

Student's Name: "R" (Level II – Fourth Unit- His third spiritual autobiography of suffering)

	+	+	+	+	Neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 1 10/13/06 VR 77yr Female Total Responses: 19	c-13 empathic question c18- asks for prayer concerns	C3 – open ended question C4-open ended question C11 – open ended question C14-open ended question C15- open ended question	C16-empathic affirmatio		C1 C2 C17 – offer to pray C19- prayer C20	C7-closed question C8 – closed question	C12-open ended question	C9-closed question C10 – closed question	C5-open ended question
Vb 2 10/21/06 LJ 90yr female Total Responses: 15	C5 – empathic question	C7 – open ended question C9- open ended question C13-reflective question		C4 – empathic statement C14 – reflective statement	C1 C2 C3 C18 – offer to pray	C8- open ended questions C10 – closed question		C16 – subject change C17 – closed question	C12 – subject change
Spiritual	Autobiography	11/20/06							

	+	+	+	+	Neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 3 11/25/06 SM – 50yr female Total Responses: 25	C8 – open ended question C13 – open ended question C18 – reflective question C23 – open ended question C24 – open ended statement	C4- open ended questions C7 – open ended question C9 – open ended question C10 – open ended question C11- open ended question C22 – clarification question	C12- reflective statement C15 – reflective statement C16- reflective statement C17 – reflective statement C19 – reflective question	C20 – reflective question C21 – reflective question	C1 C2 C3 C26 – offer to pray		C25 – offers advice	C6 – closed question	C5 – closed question
Vb 4 12/01/06 VI – 69yr female Total Responses: 25	C5 – reflective statement C7- reflective statement C8- open ended question C12- reflective question C13 – reflective questioning C15 – empathic question C16- empathic statement C24- open ended question C26- asks for prayer requests	C3 – reflective statement C4- clarification question C9 – open ended question C18 – reflective question C19 – open ended statement C22 – Clarification question	C17 – reflective question c21- reflective question C23 – open ended question		C1 C2 C25 – offer to pray C27			C10 – closed question	C14-subject change C20 – closed question

Student's Name: "LK" (Level II – Fourth Unit – Third Spiritual autobiography of suffering)

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 1 10/15/06 MM 56 yr male Total Responses: 29	C16 - open ended question C17 - open ended question C18 – clarification question C19 - open ended question C22 – reflective statement C26 – asks for prayer concerns	C5 – clarification question C7 - open ended question C11 - open ended question C12 – clarification question C15 - open ended question C20 – clarification question C23 reflective statement C24 - open ended question	C2- open ended question c3 – reflective statement c4 – reflective statement c6 – empathic question c9 – reflective statement c10 – empathic statement c14 – reflective statement c21 – reflective statement	C8 – empathic statement	C1 C25 – offer to pray C27 C28 – Prayer C29				C13 – assumptive statement

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 2 10/29/06 J 60 yr female Total Responses: 36	C6 - open ended question C16 - open ended question C22- open ended question C27 - open ended question C30 - open ended question C32 - open ended question	C1 - open ended question C3 – clarification question C4 - open ended question C9 – open ended question C13 - open ended question C14- open ended question C17 – clarification question C29 - open ended question	C2 – reflective statement C5 – empathic statement C15 – reflective question C18 – reflective statement C21 – reflective question C23 – reflective statement C24 – reflective statement C26 – empathic statement C31 – empathic statement		C34 C35 C36			C7 – empathic question C8 – reassurance C10 – reassurance C33 – subject change	C11 – reassurance C12 – reassurance C19 – change subject C20 – reassurance C25 – reassurance C28- reassurance

Spiritual	Autobiography	11/17/06							
	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 3 12/01/06 L 40 yr female Total Responses: 30	C14 - open ended question C23 open ended question C26 – asks for prayer concerns	C3 - open ended question C7 - open ended question C16 - open ended question C20 – open ended statement	C2 – reflective statement C8 - reflective statement C9 – reflective statement C10 – reflective statement C11 – reflective statement C12 – reflective statement C13 – reflective statement C15 – reflective statement C21 reflective statement C22 – reflective statement	C4 – empathic statement C5 – reflective statement C6 – reflective statement C17 – reflective statement C19 – reflective statement	C1 C24 – offer to pray C25 C27 C28-prayer C29 C30 C31				

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 4 12/06/06 E 45 yr female Total Responses: 25	C5 - open ended question C9 - open ended question C14 - open ended question C18 - open ended question C24 – reflective statement C25 – reflective statement	C2 open ended question C4 - open ended question C8 - open ended question C15 – reflective statement C17 – clarification question C20 – clarification question C23 - open ended question	C3 – empathic statement C13 – reflective statement C19- reflective statement C21 – reflective statement C22 – clarification answer	C10 – clarification answer	C1			C12 – closed question C16 – closed question	C6 – closed question C7 – change subject C11 - reassurance

Student's Name: "P" (Level II – Second Unit – Second Spiritual autobiography of suffering)

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 1 10/20/06 MG 64yr male Total Responses: 29	C6 – open ended question C7 – open ended question C9 – open ended question C10 – open ended question C11 – open ended question C12 – open ended question C17 – open ended question C18- open ended question	C4-open ended question C8 – open ended question C22-reflective question C23-reflective question C24 – reflective question	C5 – open ended questions		C1 C2 C3 C27 C28 C29		C16 – closed question C25 – subject change	C19- subject change C20 – closed question C21 – closed question C26 – ends visit abruptly	C13 – closed question C14 – closed question C15 – closed question
Vb 2 – 11/02/06 JD 80 yr male Total Responses: 30	C7 - reflective question C16 – reflective question C19 - open ended question C20 open ended question C25 - open ended question	C4 – open ended question C6 - open ended question C17 - open ended question C24 open ended question C28 - open ended question C29 – clarification que	C8 – reflective statement C12 - reflective	C5- reflective statement C13 – reflective question C14 – empathic question C21 – reflective statement	C1 C2 C3 C30 – offer to pray C31		C9 - open ended question	C11 - open ended question C23 – closed question C26 – subject change C27 – closed question	C10 - open ended question C15 – closed question C22 – subject change
Spiritual	Autobiography	11/27/06							

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 3 12/02/06 LM 44yr male Total Responses: 33	C16 – reflective statement C18 – reflective question C20 - open ended question C21 - open ended question C22 - open ended question C24 - open ended question C26 – reflective statement C27 - open ended question C30 – reflective statement C31 - open ended question	C6 open ended question C9 - open ended question C10 - open ended question C11- clarification question C19 - open ended question C28 - open ended question	C4 – reflective question C5 – reflective question C12 – empathic question C13 - open ended question C25 – reflective question		C1 C2 C3 C7-interrupt By code C8-return C32 C33		C29 – subject change	C23 - open ended question	C14 – closed question C15 –closed question C17 – problem solving

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 4 12/17/06 FZ 56yr female Total Responses: 41	C10 - open ended question C11- open ended question C13 - open ended question C17 - open ended question C18 – reflective question C19 - open ended question C30 - open ended question C33 - open ended question C35 - open ended question C36 - open ended question C40 - open ended question	C5 - open ended question C7 - open ended question C9 – clarification question C12 – clarification question C21 - open ended question C23 – clarification question C24 – clarification question C26 – clarification question C39 - open ended question	C6 – reflective question C8- empathic statement C14 – reflective question C15 – reflective statement C16 – reflective statement C25 – reflective question C27 – reflective statement C28 – reflective statement	C22 – reflective question C29 – empathic question C31 – reflective statement C32 – reflective question C34 – reflective statement	C1 C2 C3 C4 C41 C42 – offer to pray				C37 – closed question C38 – closed question

Student's Name: "S" (Level II – Second Unit – Second Spiritual autobiography of suffering)

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 1 10/15/06 ED 81yr male Total Responses: 21	C15 – open ended question C18 – open ended statement	C1 – open ended question C6- open ended question C7- open ended question C12 – open ended question C14 – open ended question C16 – open ended question	C19 – reflective statement	C8 - reflective question	C20 – prayer C21		C10 – closed statement	C2 – closed question C3-closed question C4-closed answer C5-closed question C13 – subject change	C9 – subject change C11 – subject change C17 – closed question
Vb 2 11/6/06 JF 61yr female Total Responses: 26	C7 – open ended question C13- open ended question C14 – open ended question C19 – open ended questions C21 – open ended question C23 – open ended question C24 – open ended question	C2-open ended question C4 – open ended question C5- open ended question C6 – open ended question C10 – open ended question C12-clarification question C15 – open ended question	C17 – clarification question C18-clarification question C20 – open ended question	C3 – reflective statement C8 – empathic response C11-open ended question C22 – clarification answer	C1 C25 C26 - Prayer			C16 –closed question	C9 – closed question
Spiritual	Autobiography	11/27/06							

	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 3 12/01/06 GC 51yr female Total Resonses: 32	C5 – open ended question C6- open ended question C10 – open ended question C13- open ended question C16 – open ended question C19- open ended question C22-exploring connections in story C23-open ended question C24- exploring connections in story C26 – open ended question C29-open ended question C31 – open ended question	C4-clarification question C7 – reflective statement C8-open ended question C11 – clarification question C12 – open ended question C14 – open ended question C18-open ended statement C21 – open ended question c25 – open ended question c27 – open ended question c32 – open ended question	C9 – open ended question	C3-open ended question C17 – clarification question C29 – empathic statement	C1 C2 C33- offer to pray C34 - prayer				C20 – subject change

	+	+	+	+	neutral	-	-	-	-
	Explores patient's statements laden with emotions, significant words, or meaning (including religion/faith, issues about God)	Invites patient to share more information, personal story, or narrative relevant to illness or related issues.	Responds verbally or acknowledges feelings displayed by patients	Responds verbally or acknowledges feelings directly stated by patient	Introductory Statements, Goodbyes, Closing Prayers	Does not respond verbally or acknowledge feelings directly stated by patient	Does not respond verbally or acknowledge feelings displayed by patients	Does not invite patient to share more information, personal story, or narrative relevant to illness or related issues.	Does not respond to patient's statements laden with emotions or significant words, or meaning (including religion/faith, issues about God)
Vb 4 12/15/06 JO 42yr Male Total Responses: 33	C3-open ended question C4 – open ended question C12 – open ended question C16 – reflective question C19 – open ended question C20 – open ended question C21 – open ended question C22 – open ended question C23 – open ended question C26 – open ended question C27 – open ended question C28 – open ended question C31 – asks for prayers	C5 – open ended question C6 – clarification statement C8 – open ended question C9 – open ended question C10 – clarification question C17 – open ended question C18 – open ended question C24 – open ended question C25 – open ended question	C2 – reflective statement C7 – reflective question C14 – empathic question c-15 – empathic question	C13 – empathic question	C1 C29 – offer to pray C30 C33 C34			C11- assumptive statement	

APPENDIX B

THE SITE TEAM PROCESS & MINISTERIAL COMPETENCIES

My primary advisor was Katherine Kurs, M.Div., Ph.D., - Adjunct professor of Ascetical Theology at The General Theological Seminary; faculty, Department of Religious Studies, Eugene Lang College/The New School University; spiritual director, author and Ecumenical Associate Minister at West Park Presbyterian Church, NYC.

My New York Theological Seminary liaison was The Rev. Dr. Martha Jacobs, the co-director of the Doctor of Ministry Program in Pastoral Care.

The members of my site team are:

1. The Rev. Dr. John Bucchino – ACPE Supervisor, Professor of Advanced Spiritual Issues in Pastoral Care NYTS D.Min. Program, Roman Catholic priest.

2. The Rev. Meigs Ross – ACPE Supervisor, Director of Clinical Pastoral Education at the HealthCare Chaplaincy, Inc., Episcopal priest.

3. The Rev. Betsy Roadman – Interim Rector, training in spiritual direction, former student (two extended units 19994 – 1996), Episcopal priest.

4. The Rev. Barbara Crafton – Spiritual director, retreat leader, author, Episcopal priest.

The first meeting of my site-team was on Monday June 5, 2006. I chaired the meeting and we began with introductions of the members to one another. All members of the site-team were present. I distributed copies of my research packet and they read through them. Then we spent one hour discussing the project, including the challenge statement and the other various parts of the packet. Site-team members asked questions and worked to engage me so that they might understand my interest and goals, and then

they also added their input and ideas about the proposed research. Significant portions of the conversation included: discussion of the lack of "spiritual competencies" within ACPE; brainstorming of ideas for questions to ask other ACPE Supervisors in the research questionnaire; and discussion of my knowledge of spiritual direction as a discipline. Site-team members were very supportive and excited about the project. We closed the meeting with my distributing copies of the competency assessment form and a discussion of what we needed to do with that. The Rev. Crafton agreed to collate the forms since she would not be able to adequately comment on my abilities since we have only met two times for brief periods. Site-team members agreed to fill out the forms, and send them to her. We set our next meeting date and adjourned.

The second meeting of the site-team was scheduled for Monday July 31, 2006 at 5:00 p.m. at The HealthCare Chaplaincy, Inc in Manhattan. I asked the Rev. Meigs Ross to chair the meeting. I planned to join the meeting at 5:30 p.m. in order to give them time to discuss the competencies as a group. The Rev. Crafton did collate the competency assessment and e-mailed them to Meigs, but was unable to attend because of illness. Fr. Bucchino was unable to attend as well due to an emergency at his hospital. In addition to Meigs, the Rev. Betsy Roadman was present and she wrote up a summary of the meeting and the recommendations of the committee based on the results and the assessment and our in-depth conversation.

Written Summary of the Site Team – Prepared by the Rev. Betsy Roadman

The site team met on Monday, July 31 to discuss the results of the completed Competency Assessment. The most energy was experienced by the team in the conversation about area 6 – "Spiritual Leader." In sections b and c, Beth expressed the

desire and the need to take better care of herself spiritually. Her observance of a "Sabbath rest" has not been consistent. Her practice of meaningful spiritual disciplines tends to be less regular when she is not working with a faith community (as an associate priest at a parish or as a supply priest).

Recently, the most important spiritual discipline for Beth has been the ongoing writing of her spiritual autobiography. Sharing the stories that have emerged in that process with others in a small group has been very valuable. The sense of accountability associated with involvement in this small group has enhanced the discipline of the writing itself and has deepened the impact of what has emerged, as it has been shared in a safe place with others on their own spiritual journeys.

However, as Beth's idea to utilize the spiritual autobiography as an educational tool for CPE students developed and became part of her proposed D.Min. project, she stopped working on her own spiritual autobiography. What had been a deeply meaningful spiritual practice has become part of an academic and intellectual process.

To address Beth's desire to develop competency in the areas of setting an example by her own observance of spiritual disciplines and of attending to her own spiritual journey as she pastors her students, the site team had made the following recommendations:

1) Beth will resume writing her own spiritual autobiography as part of her regular spiritual practice.

2) Beth will meet regularly with a small group of people with whom she can share her spiritual autobiography on an ongoing basis.

As she implements these recommendations, Beth's own process will parallel that of her students as they participate in the process of writing and sharing their spiritual

autobiographies. Our hope and expectation is that Beth's own understanding of and relationship with God will grow and deepen, and that her relationship with her students and her sensitivity to their spiritual needs will be enhanced. (End of report)

After receiving this report I shared it with my primary advisory, Dr. Kurs and we discussed how I might implement the recommendations. In consultation with her I developed two goals. It was Dr. Kurs hope that there were enough people from our previous writing group who would be interested in reconvening for a few sessions so that I could carry out these goals.

Goal #1: **To write two spiritual autobiographical reflections during the research phase of my project.**

Strategy: To write one spiritual autobiographical reflection prior to the students writing and presenting their spiritual autobiographies and to write one after their presentations.

Objective: I will write a reflection on the impact of the students' process of sharing their spiritual autobiographies on my personal spiritual life and professional supervisory practice.

Goal #2: **To share my spiritual autobiographical reflections with my spiritual director and a small group.**

Strategy: To work with my spiritual director and a small group to read my spiritual autobiographies aloud and to explore with them the operative theological and spiritual material that emerges and what that indicates about my spiritual life and relationship with God.

Objective: I will write a reflection on the process of sharing my writing with a group and how that impacts my personal spiritual life and professional supervisory practice.

Unfortunately, there were not enough people from the previous groups who were able to get together, so by mid-September we worked out another plan. I enrolled in a course at Fordham in the Graduate School of Religion and Religious Education, entitled "The Theology and Practice of Spiritual Direction." It was both an academic and an experiential course. It was very helpful for me to learn more in-depth about spiritual direction and to begin to concretely write and articulate the differences and similarities of that discipline and CPE supervision. It also gave me a chance to write in-depth about my own spiritual life. I shared some of these writings with Dr. Kurs, as my primary advisor and my spiritual director and processed how what I was learning was affecting my spiritual life, as well as how it impacted this demonstration project. Because the course was focused on a narrative method of spiritual direction, I was able to reflect on my use of spiritual autobiography both personally and professionally within the context of spiritual direction. Doing this helped me to clarify my use of it with students and to be aware of the boundaries between supervision and spiritual direction when they shared them. The writings, readings and the small group reflections within the class itself were very helpful to me and to my spiritual life as well. Although I could not meet the specific goals that I originally set for myself to address my ministerial competencies, I was able to utilize this course in spiritual direction and my work with my spiritual director to meet the recommendations of the site-team committee.

APPENDIX C

SPIRITUAL AUTOBIOGRAPHY OF SUFFERING

The following three pages contain the first spiritual autobiography of suffering that I wrote for Dr. Kurs' course. It was written two and one-half years after the death of my father. At the time I was experiencing a recurring image of my father's casket from the internment service that seemed to haunt me. I did not know why that particular image came to me so often. When I was asked to write this piece it was the only image that would come and I "followed" it. The story that poured forth shocked me and I sobbed almost the entire time I was writing. After reading it in the class (which terrified me because I was sure I would break down and cry uncontrollably), and discussing it with the group members, the image ceased to torment me. Writing this piece "uncorked the bottle" and led to my getting in touch with other images and feelings of grief and pain from other experiences, and thus the process began, as well as the healing.

APPENDIX D

STUDENT SPIRITUAL AUTOBIOGRAPHIES OF SUFFERING

The Rev. Deacon Paul Fitzpatrick

It was about three days into my hospitalization in the mid-morning, before visiting hours when my mom would have arrived at the hospital. That was when all the tests and junk were usually done. I was in my bed in the large four bed room in the Pediatric Unit. Of the four patients in the room, I was the only one who actually had to be in pediatrics. I was eleven. The other three were men, all in their early twenties. Each seemed tougher than the other, two of the three had been in accidents, one in a car and the other on a motorcycle. He was in traction. They were both across from me and I had to look at them all day, bandaged and bloody. The guy next to me was there because he felt dizzy and collapsed. He was upset because he didn't have any medical insurance. I know this because he used to yell at, or to, his girlfriend when she visited him for the three days he was there, before he signed himself out against medical advice. They were all tough men, but they were nice to me. The guy next to me called me "kid".

I was also the only one in the room who was actually allowed to get up and move around the room, and use the bathroom rather than a bedpan - I would rather die. I was really happy about that. I thought that I was better off because at least I wasn't bloody or broken inside, or even worse, didn't even know what was happening or what I had, like my neighbor. But then, they were all going to get better - all better. Each of them was

healing even as I looked at them. But not me. No matter what I did, I would still have diabetes, I'd still be sick, at least that much they had told me or I figured out based on what little information I had been given. A lot of it seemed secretive, the nurses, who spent the most time with me in the hospital, weren't allowed to tell me anything, at least not until this third day.

It was around 10 a.m. or so when the young woman entered my room. She was wearing a large plastic identification tag which displayed her name, I can't remember it now, and her title, "Nurse Clinician", I remember that, whatever that was? She was different than the other nurses. She was dressed in regular clothing and had a white laboratory coat on over her clothes rather than the usual matching nurse pants and the bright top with teddy bears all over it, I guess because this was pediatrics and they wanted all of the children to feel more comfortable - what children? So the pretty nurse clinician introduced herself and told me that she specialized in diabetes care and was going to talk to me about how I could adjust and live with this condition. No one ever actually said that they were sorry that I had diabetes, just that I could adjust and live with it. Diabetes isn't actually a disease, she later told me, it is a "condition" which effects the body's ability to produce insulin, a hormone needed to transfer sugar or glucose from the bloodstream into the cells where it is used as food for the cells and creates energy which moves and sustains the body - something like that.

She told me that we could go to another room where we could talk privately. This was the first time that anyone wanted me to even think about leaving the hospital room. I had grown to hate being there in just three days, but suddenly I wanted to stay right there, in that bed, it just seemed safer at that moment. The three men in the other beds looked

over at me as the clinician announced her plans to take me elsewhere to talk. They seemed a little concerned for me, which made me even more concerned for me, because as I said, they were tough, and I clearly wasn't. The guy in the next bed said something like, "see you soon kid", yeah, I hope so. As we walked I thought, maybe she was going to tell me some good news, "you don't have diabetes", "we made a mistake", it's a urinary infection like my parents first thought when I was getting sick. I doubt it though, no one had told me any good news in the three days since this whole thing began. It was so unreal. I was remembering my house, it's color - green, our living room. My father would be uncovering the pool, it was late June. I wonder if it's hot outside, would I ever see my house again - where the hell were my parents!

We walked into a small room on the Pediatric floor. I think it might have been the room where the nurses hung out on break. There was a coffee pot that was half full on a counter with a small toaster oven and a refrigerator. I knew that they didn't eat diet peaches and sugar-free custard - who would if they didn't have to? It smelled like old coffee, like it was late Sunday morning at home and my parents were still finishing up the pot that they had made earlier that morning. We sat down at a small table. It was a little dirty from coffee stains and sugar granules left over from the nurse's coffee breaks. The clinician closed the door behind her so that we could have more "privacy". The room seemed even smaller.

She spoke softly but seriously. She only smiled once or twice, maybe. She asked me what I knew about diabetes and if anyone in my family had it? How do I know, I never heard of diabetes before three days ago - something about sugar, and I can't have it. She started to explain diabetes. There is a reason she's called a "clinician". She had a flip

chart book with phony looking drawings of young diabetic people and of the inside of the human body. There was a drawing of a “normal person”, a non-diabetic, smiling and waving. Then there was the “undiagnosed diabetic”, presumably the same person after being struck with this “condition”, at least if they called it a disease it would give it some weight. The undiagnosed diabetic’s face was green, his eyes where those two “x’s” and he had a big frown. The chart showed how he suffered from “frequent urination” and “excessive thirst”. Frequent! for me it meant trying to make it up the stairs in my house to the bathroom and getting my pants open before I went all over myself. The thirst was like what I could imagine it would be like to be in the desert for weeks without water and then being able to drink again for the first time - I couldn’t get the water down my throat fast enough. The next page, the “controlled diabetic”. This guy had a giant white smile and rosy cheeks, even his shoes glowed like they were brand new. He looked better than the guy without diabetes! Should I feel lucky to have this disease?, I mean, condition.

The clinician kept talking, explaining all of the physiology of diabetes as if there was going to be a test in a few minutes and if I failed it I might not be able to handle this thing, and then what? “The trick is balancing just the right amount of insulin, which you will need to learn how to inject into your body yourself, with just the right amount of food

and then balance that with just the right amount of physical activity. And exercise, exercise is good for diabetics, but it can be bad, if the balance isn’t maintained you can get really sick”, is that like the kid with the green face? What if I want to play baseball with my friends? I didn’t actually ask any questions, don’t want her to think that I didn’t get it all, that it was just a little bit confusing when you’re eleven - or thirty. “Insulin

cannot get too warm or it won't work, but it can't get too cold, or it won't work, but you might not know that it isn't working until you feel sick and your blood sugar is much to high" - then what happens? How high is too high? What was blood sugar, again? "You can't eat sugar but you must have some with you at all times." Somehow it's supposed to make sense when it's said by someone in a white lab coat, but not to me, did I mention that I'm a kid? And on and on it went. She smiled at one point, a nice surprise, and told me that it was a lot to take in all at once - ya think! She said that I would have plenty of time to learn all about it, (yeah like for the rest of my life), but that I needed to learn the basics right away. These are the basics? Again she told me that if I learned how to adjust and live with diabetes that I could live a relatively normal life. Somehow, none of it sounded even close to my definition of normal.

But then it got worse, the bad news after the other bad news. For the first time someone actually said it to me, "there is no cure for diabetes", "at least not yet, but there is a lot of research going on and they may be close to something..." I would hear this same line by medical people even into my adult life. When one of them says it today in a good natured attempt to give me some hope, I just smile and think back to the first time it was said to me in the coffee break room. It was a lie then too.

Oh yes, the second shoe. The even more serious clinician begins to tell me that diabetes is a degenerative disease, I think she actually said disease. I didn't correct her. "Because over time diabetes damages some of the body's blood vessels..." and so on. Even the insulin, "the medicine" that doesn't make you better will eventually damage your body because it is made from the pancreas of cows and pigs and is a foreign substance in the body of the diabetic. Pigs and what! I can't even begin to describe what

was going through my head at that statement. So the medicine isn't really medicine but I have to take it to stay alive, but it will eventually kill me? But I didn't ask that - my parents should have been there to ask that question, or better yet, to just wrap me up and take me home like parents are supposed to do when you thought it was a good idea to sleep at your aunt's house but then felt a little afraid and called your parents to come and get you, and they did, and everything was alright again.

So then came the list - the infamous list - "You are twice as likely to suffer a heart attack, twenty five times more likely to have kidney failure, ten times more likely to go blind - yes that's blind, thirty times more likely to have a leg amputated, and on and on and on... I don't know any more which numbers go with which complications. I wondered as the list was being recited, will this be on the test? I sat there listening, fighting my intense urge to scream or worse, to cry - oh no, don't cry, not in front of this pretty young woman, like some kind of baby. I decided to suck it up, as they say. I would wait until I got back to the safety of my hospital room, where I would retreat to the bathroom where none of my other roommates could come, then I would cry, and cry, and cry. Somehow I think that the clinician was trying to impress upon me the weight and seriousness of this illness because she had seen so many people before me who did not understand its gravity, why else would she be doing this to me? All I really knew then was that none of it should have occurred while I was alone, I was too young to grow-up in a day or in a moment. My mind kept focusing on going blind. I couldn't understand what any of the numbers meant, what does it mean to be twenty-five times more likely to have a stroke or kidney failure? All I knew was that it was all bad. Could I go blind today?, tomorrow?, how long did I have to see? A sudden urgency to look at

everything and to store it all away in my brain so that I wouldn't forget what it all looked like. I caught myself consciously memorizing the room that I was in, even if I never wanted to be here again, at least I could remember. When was this "talk" going to end? Why didn't I ask any questions or tell her how I felt?, or just tell her to go to hell. I might feel a little better, but kids don't tell adults to go to hell.

The final blow. The Clinician explained that the medical profession believed that if a diabetic strove for "good control" that the long term complications might be delayed. Might? Delayed? For how long? She continued, ". . . but, there is no firm medical evidence that this is true." Apparently some people will do all that they are supposed to do and still lose their leg while others will disregard everything and live forever. How random. How unfair. Where was justice? I still believed that my parents could step in and solve any problem, that I was still protected by their parental shield. And what about God's loving hand, where was his shield to protect me against evil, this God who watched over me all the time and who loved me so much? I thought there was a plan and reason for everything, was this it? Was anything really assured? And if not, then why care about anything?

Those questions actually came later, right now I was worried that I might go blind before the end of this talk, that this miserable little room would be the last thing that I would see. I loved Saturday morning cartoons, what if I never saw any of them again? She told me again that I would have time to learn more about diabetes and that it would eventually come naturally to me. But she was wrong - there wasn't time - diabetes had arrived, it had descended upon me without any warning, it didn't build up gradually, it was just there, all at once. There were no choices. Being a kid didn't exempt me from the

trials and challenges of life that were supposed to be reserved for adults. The things that you could handle because you were a grown-up. Even if I asked questions it wouldn't change what was, and there was no pill or even an operation that could fix it.
Even my parents and God were apparently defenseless against it. The Clinician was right about one thing, I would adjust, I had to, there were no other choices being offered.

Then it was over. She asked me if I had any questions - another opportunity - but I was staring at the floor by now, not wanting her to see my eyes fill up with tears and my face turn red. I shook my head and managed to whisper in my now cracking voice that I was fine, but I wasn't, not at all.

Student "B"

APPENDIX E

ACPE STANDARDS 309 – 312

The following five pages contain pages 9-13 of the *Standards of the Association for Clinical Pastoral Education*. These pages contain standards 309 – 312, which are the outcomes and objectives of Level I and Level II ACPE. These are standards that must be met for an ACPE center to be accredited. These particular standards are demonstrated through the curriculum of the ACPE center. The outcomes and objectives guide the curriculum of each center, though different centers may utilize different methods or learning tools to help students to accomplish these objectives and outcomes. Many ACPE supervisors also include them in their written final evaluations of the students learning within a unit. I utilize them in my final evaluations, divided into the three sections of the ACPE curriculum: *Pastoral Formation, Pastoral Competence and Pastoral Reflection.*

APPENDIX F

VERBATIM FORMAT

This is the verbatim format that I use with my students in the first half of the unit and that I asked them to use for the research period.

PASTORAL VISITATION VERBATIM – FORM A

Student Name:
Date Verbatim is written:

Verbatim # (1-8)

Patient's Initials or Pseudonym:
Date of Conversation: (Do not write up visits more than one week old)
# of conversations: (e.g. First; 3rd of 4; etc.)

1. **BACKGROUND OF PATIENT**

State here in narrative form the significant data you have learned about the person from previous contacts, records and other staff. Remember a verbatim is not a play, you are not setting a stage. Reveal all the pertinent info you know **NOW**, not simply what you knew when you first visited the patient. Include in your background narrative all of the following information.

*Age, Gender, Race, Ethnicity, Culture, Religion (Current and/or Background)
*Marital/Partnered Status, Children, Members of Household,
Significant Friends (Chosen Family)
*Person's position in their family of origin
*Economic Situation & Class
*Date of Admission into the hospital
*Symptoms, Diagnosis and Prognosis

2. **CONTEXT OF VISIT**

In this section, answer the questions by each letter, and number your responses accordingly. Describe the situation of the visit:

A. Did someone make a referral to you? Was it a code or routine visit?
B. Describe the place, time of day, circumstances and who else was present.
C. What were your feelings and thoughts just prior to the visit, i.e. your emotional temperature just before you enter the room?
D. What are your first impressions as you enter the room--what is your emotional temperature five minutes after you enter the room?
E. What non-verbal communication do you notice.
F. Share observations about the setting (cards, flowers, is it messy, smelly, etc.) and the appearance of person (Tidy or unkempt? Wearing hospital gown or personal clothes?)
B. Note all religious, racial, cultural, class, gender, sexuality and other significant differences

between you and the patient (or person to whom you are giving care).

G. Which of these stand out to you immediately when you enter the room?

3. **CONVERSATION**

Record the verbatim as soon as possible to the best of your memory, and for this section **leave a two inch margin on the right side. Record verbatim the most significant material of the interview, using only direct quotations. In choosing what is significant, think in terms of what the "main themes" are. On the far right of each statement, type or write in the feeling <u>you</u> experienced at that moment. Start each response on its own line, preceded by initials and numbered consecutively (progressively) in pairs, such as:

C1:	Good morning Mr. Patient. I'm chaplain Newat This from the Department of Pastoral Care. Is it alright if I visit with you for a few minutes?	(nervous)
P1:	Hi chaplain, I'm a tough, angry patient who will make this visit hard for you!	(angry)
C2:	Oh, please don't make thing hard for me!	(afraid)
P2:	Well, okay. Why is God doing this to me? (Chaplain and patient burst into tears)	(sad)

Avoid third person summaries. Any comments or descriptions should be put in brackets, particularly comments about non-verbal communications. Reserve all interpretations for the evaluation.

4. **CONCLUSION**

The conclusion is the **most significant part of the verbatim**. Incomplete analysis of a verbatim will be considered unfinished and will be returned for completion. Review the conversation carefully. Note themes, your learning issues, unconscious revelations. What you pick up here for yourself will be of the greatest value in the learning process. Answer each section in a narrative format. (i.e. a paragraph or two for section A, then a paragraph or two for section B, etc.)

A. <u>Analysis</u> Include the following:

1. What was the patient's initial concern?
2. What was going on here in the person, in you, in the relationship?
3. Assess what problems the patient is facing physically, emotionally and spiritually and how he/she is dealing with them
4. Did you encounter any problems/difficulties/uncomfortable feelings within yourself during the interview?
5. Did you gain any new insights about the patient, yourself, illness, life, etc.?
6. What is your pastoral diagnosis of this patient in this current situation?
7. How did you try to address this in your visit (site specific numbers)?

B. <u>Dynamics and Systems</u> Include the following:

1. Identify the impact of the patient's religion, race, ethnicity, language, gender, age, economic status, sexuality, sexual orientation, etc. on their coping abilities.
2. What impact did these factors have on you during the visit?

3. How does the socio-economic status of this person impact the care he/she is receiving?
4. Are there any justice issues involved that you can identify? (E.g. racism, prejudice, etc.)
5. Identify significant Family Systems dynamics at play:
   a. Triangles and or triangulation
   b. Changes in the homeostasis of the sytem within the last six months to two years
   c. Stress of the patient's family position
   d. Factors that indicate self-differentiation or lack thereof.
   e. Identify any resiliency factors that you observed.

C. Evaluation of Responses (Remember these are your evaluations in retrospect, now that you have some distance and a bit more objectivity) Cite responses specifically by number. Include the following:

1. Evaluate the effectiveness of your pastoral responses
2. Which responses or interventions helped the patient to share more of their feelings, beliefs, concerns, etc.?
3. Which ones closed off the avenue of conversation?
4. For the "not so effective" responses, reflect on your motivation--feelings, fear, lack of skill, etc. that caused you to respond the way you did.
5. Do the same for the effective responses.
6. Can you identify any transference or countertransference reactions going on in the visit?

D. Theological Reflection Interpret the visit theologically.

1. When you think about the main theme or issue of this visit (either/and the patients issue or yours) what biblical story or character comes to mind and why? (E.g., I felt the patient is ambivalent about getting well because of the new responsibilities he might have to assume. This reminds me of the man sitting by the pool of Bethsaida in John 5 who had been there for 38 years. Jesus asked him "do you want to be healed.")
2. Are there particular themes or doctrines from your religious tradition, either positive or negative does this visit evoke?
3. What theological ideas or concepts would you utilize to help you pastor this person?

E. Spiritual Reflection Interpret the visit spiritually for yourself.

1. Where does the patient's spiritual issues touch you the most?
2. What spiritual issues or questions does this visit or patient raise for you?
3. Where and how did you experience (or not) the presence of God in this visit?
4. Is there anything in your own experience of suffering that you think affected you during this visit?
5. Is there anything about the patient's experience of suffering or way of coping with it that impacts your own way of thinking about your experiences of suffering?
6. How does this encounter impact your personal understanding about the meaning of suffering—either positively or negatively?

F. On from Here

Suggest future pastoral plans and goals. What would your strategy for future pastoral care be for the next visit. (Answer this even if there will be no next visit)

5. USING VERBATIM SEMINAR FOR LEARNING

What would you like peers/supervisors to look at in this conversation? In your pastoral work? Why did you choose this conversation to write up as a verbatim and what would you like to learn? Spend some time coming up with specific areas for discussion.

6. FAMILY GENOGRAMS

A. Sketch a copy of the patient's family genogram.

B. Attach a copy of your own family genogram.

APPENDIX G

SPIRITUAL AUTOBIOGRAPHY OF SUFFERING INSTRUCTIONS

From the Student Handbook:

The Spiritual Autobiography of Suffering Exercise

The purpose of this exercise is to help you re-member a significant experience that has shaped the way you think about suffering and about God. However, the story you write may or may not be overtly about God, or even explicitly religious. Remember that all authentic stories are innately spiritual. This autobiographical sketch is intended to be a snapshot of a particular experience or event at a particular time in your life—not an overview. It should offer the reader and hearer of the story an opportunity to enter into that moment of your life with you, seeing what you saw, feeling what you felt, tasting, smelling, etc. You will be given some examples of other people's spiritual autobiographical sketches to give you a better idea as we get closer to the assignment.

Instructions for Writing the Spiritual Autobiographical Reflection Paper:

1. Read the portion of the book which is supplied to you from The Situation and The Story by Vivian Gornick.

2. Choose an experience or event in your life that has significance for you that is related to your own suffering (directly your own, or indirectly—as in the suffering of someone close to you that affected you deeply).

3. Write about the experience as if you are there—not as an objective third party standing back analyzing the event, but from within it. Re-create it as much as possible on paper.

4. Page length is up to you, but aim for approximately 2 – 3, typed, single-spaced pages.

As you sit to write, notice what story or memory emerges for you—don't analyze it too much, just let it come up and write it. This exercise is not intended to force you to share beyond what you feel safe enough to share, but I do encourage you to decide how much risk you can take in sharing and challenge yourself to do that. These can be powerful, healing experiences. Feel free to ask any questions you may have.

The Handout with the Materials:

Dear Students,

Attached are examples of spiritual autobiographies written by different people. As you've read *The Situation and The Story* by Gornick, you probably are thinking now in terms of the way a story is communicated/written and the power it has to touch others, heal the writer/story-teller and to communicate about spiritual issues. These stories run the gamut of issues and represent very personal things to the writers. I encourage you to think meaningfully about the story that you need to tell right now in your life, in this group. This exercise is not intended to push you to share on a deeper level than you feel comfortable, so think in terms of sharing on a level that feels challenging, but safe. Use you opportunity to risk what is "riskable" at this time in your journey. The stories are intended to be snapshops of issues, not the beginning and ending of all things related. They should offer the readers the opportunity to enter a moment of your experience in order to help you grieve, explore, remember, heal , or whatever else you may need to do. Your religious or spiritual experience may be explicit or implicit. Tell what you need to tell. All authentic stories are innately spiritual. The page length is up to you, but I would aim for two to three typed, single-spaced pages. Let me know if you have anymore questions.

APPENDIX H

CONSENT FORM

I have consent forms from all the students whose material I used in the research for this demonstration project.

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"How Then Shall We Suffer? Liberating God for Our Pastoral Care"

You have been asked to participate in a research study conducted by the Reverend Beth Glover, ACPE Supervisor at Christ Hospital. The purpose of this study is to explore the impact of the use of the "spiritual autobiography on suffering" writing exercise on the ability to use pastoral reflective and empathic listening skills more effectively. The results of this study will be included in the Doctor of Ministry demonstration project of Beth Glover.

- Use of your written verbatims, spiritual autobiographical exercises and written or spoken comments in this study is voluntary.
- You will not be compensated.
- Unless you give consent to use your name, title, and any other personal information, your written materials will be utilized only for research but will not be included in the study.

Please review this form and ask any questions you may have.

I understand the procedures described above and my questions have been answered to my satisfaction. I agree to participate in this study and I have received a copy of this form.

I understand that the materials collected will be permanently kept as part of this project and that they will be part of the Doctor of Ministry demonstration project that will be written and presented by the Rev. Beth Glover. I also understand that this study and the materials contained within it may be published in whole or in part.

{Please check all that apply}

[] I give permission for my written verbatims to be included with my name and any other identifying information.

[] I give permission for my written verbatims to be included anonymously, with my name and any other identifying information withheld.

[] I give permission for my written spiritual autobiography to be included with my name and any other identifying information.

[] I give permission for my written spiritual autobiography to be included anonymously, with my name and any other identifying information withheld.

[] I give permission for my written or spoken comments/feedback about the spiritual autobiography exercise and its impact on me and my pastoral care to be included with my name and any other identifying information.

[] I give permission for my written or spoken comments/feedback about the spiritual autobiography exercise and its impact on me and my pastoral care to be included anonymously, with my name and any other identifying information withheld.

Signature_____ Date_____

Printed Name_____

Address_____

Telephone _____ E-mail _____

APPENDIX I

RESPONSES FROM STUDENTS IN PILOT STUDY

The following five pages contain the written responses of the students who participated in the pilot study for this research project. After completing the spiritual autobiography exercise I requested their written evaluation/feedback on the explanation and materials provided to do the exercise and any comments on the process itself.

APPENDIX J

DEMONSTRATION PROJECT DEFENSE PRESENTATION

The following pages contain printouts of the slides I used for the presentation of my demonstration project oral defense. There are fifteen slides, some contain notes on the bottom such as quotes or statistics.

APPENDIX K

REFLECTIONS IN RESPONSE TO THE DEMONSTRATION PROJECT DEFENSE

During the defense of my demonstration project, the attending faculty and guests engaged, challenged and questioned me about aspects of suffering and the scope of the spiritual autobiography of suffering exercise. I used this curriculum tool to help students access their own experiences of suffering and explored how their ability to deal with their own suffering enabled them to be more emotionally and spiritually available to their patients.

One of the issues raised was about the linguistic nature of this curriculum tool and how this may have limited the focus of my demonstration project to exclude suffering that cannot be accessed through language. As a pastoral caregiver, I whole-heartedly agree that there are experiences of suffering that cannot be articulated or persons for whom language is not the way that they can or do express their experiences of suffering. However, for the scope of this demonstration project I intentionally focused on suffering experiences that are able to be accessed through language. There are two foundational aspects to this approach that are important. The first aspect is in the nature of the educational model of ACPE. Clinical Pastoral Education is heavily focused on the ability to verbally communicate feelings, experiences and ideas. In training pastoral caregivers we focus on the importance of the presence of the caregiver to his or her patients and the care and compassion of God that is transmitted through that presence. However,

language is a critical aspect of pastoral interactions – sharing stories, crying out, asking questions and exploring meaning. When ACPE supervisors interview students to determine their appropriateness for doing a unit of training, they rely heavily on a candidate's ability to write about and articulate major life events and how his or her life has been shaped by significant experiences and persons. We listen for a potential student's ability and willingness to give voice to his or her experience and capacity to articulate a sense of meaning out of that experience.

The other important aspect of developing a curriculum tool that utilizes language to deal with suffering is the linguistic foundation of the faith traditions rooted in the Bible. The Bible itself is considered the "Word of God." In the beginning of the Gospel according to John, the author speaks of Christ as the logos, the word that was with God and was God. My own Protestant Christian tradition is based on the revelation of God through Scripture – the written word interpreted by people through the constructed lenses of their lives and stories.

The presentation and defense of my demonstration project occurred on April 4, 2007, the Wednesday in the middle of Holy Week and Passover. Ironically, but quite appropriately, this was the middle of sacred holiday periods in both the Christian and Jewish traditions that are heavily focused on the retelling of their primary, organizing stories—the Exodus from Egypt, and the passion, death and resurrection of Christ. In her book, *The Particulars of Rapture: Reflections on Exodus*, Avivah Gottlieb Zornberg reflects on the importance of language and how through it we are formed and become selves in relation to God and our faith traditions.

> Between finitude and infinitude, possibility and necessity, the human being struggles for an authentic freedom. This struggle, I suggest, lies at the very heart of

> the project of reading Exodus. Between the self that is and the self, or selves, that may be, the particulars of rapture are always being reborn. It is for this reason that the Exodus, and the Passover festival that celebrates it, focuses so compellingly on telling and retelling the story. It is only by taking the real risks of language, by rupturing the autistic safety of silence, that the self can reclaim itself. To venture into words, narratives, is to venture everything for the sake of that 'self before God.' And yet-and here, the dialectic becomes most painful-perhaps all the many words of the Exodus narrative, of the narratives of the future, specifically of the Seder night, all in a sense weave endlessly around the inexpressible heart of the matter. As though by indirections to find direction out, we talk and we tell at such length because we cannot articulate what is essential. We cannot pluck out the heart of the mystery. Perhaps all the narratives in the book of Exodus are externalized versions of an intimate story more truly told in the Song of Songs. The longing, the dynamics of desire: this is the subject of Exodus. So we speak and unpack our hearts with words, knowing that the essential longing is enthralled in silence. These many words of the Seder night, of the continuing narratives of Exodus, represent an absence, an unattainable longing for full presence. The molten core of the self remains unreleased, unspeakable. *Therefore*, the cascade of language, ideas, images, which, by displacement, evoke a speechless passion. On Passover, the mouth speaks (*peh sach*): all the particulars of rapture intimate an absolute desire. Language is the very means by which the imprisoned heart gains freedom.[62]

The biblical narrative I use in this demonstration project to show how one can use a new hermeneutic of liberation of God and self is a story from the Exodus narrative as it is found in the book of Numbers. It is a story that occurs towards the end of the wanderings in the wilderness as the people of Israel are struggling to find new ways of speaking and understanding God so that their imprisoned hearts and minds gain the freedom that they have found physically.

Helping suffering persons to find the language that will help them tell their stories and re-frame their experiences in new ways to liberate God and their imprisoned hearts is primary in pastoral work. Words reveal the feelings people have about their experiences and their sense of the presence or absence of God. People's spirituality is derived from

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[62] Avivah Gottlieb Zornberg, *The Particulars of Rapture: Reflections on Exodus* (New York: Doubleday, 2001), 15-16.

their direct experience of God and/or by the meaning they make out of their life experience. Meaning is constructed through stories and narratives, and one's sense of meaning changes as stories are told and re-told. However, as Zornberg points out, our stories do not capture the mystery of God. Nevertheless, they can help us to enter more fully into that mystery and to reflect upon it and make new meaning out of it that is healing and transformative. This is a foundational aspect of using the spiritual autobiography of suffering exercise.

Another area of discussion in the presentation and defense of my demonstration project was about how an educator recognizes and encourages the conditions that allow change and growth. One observation that was shared was that right knowledge does not necessarily equal right action. Another way of thinking about encouraging the conditions that allow for growth is to think of them as the bridge between right thinking and right action. This is a version of the long standing realization that insight does not automatically change behavior. In the context of doing a spiritual autobiography of suffering exercise, a scenario in which this might occur could be the following: a student writes a spiritual autobiography of suffering and, through sharing it with her peer group, comes to understand some of the operational theological assumptions that she has been making which are problematic. What then does she do with this new awareness and insight?

As an ACPE supervisor educating students for pastoral ministry, I stand firmly on the side of congruency between one's operational and one's professed theology. I also believe strongly in liberative education, which is another basic premise of this demonstration project. To educate people for liberation by definition means to encourage

and empower students to claim their own voices and to create space for them to be heard. When students share their stories and their experiences, they begin to create their own bridges. I work with the group members in a CPE unit to encourage this work and to develop the capacities and the will to offer honest feedback and perceptions of each other in a context of commitment to each other's learning processes. By developing a safe but challenging context in which students are encouraged and expected to "show up" emotionally and spiritually, as well as physically, students tend to find a greater motivation to work towards the learning goals they set for themselves and a greater congruence between their inner and outer selves that allows them to function in healthier ways and to be more skilled, reflective practitioners of the art of pastoral care.

My own commitment to my personal and professional growth is also a factor in this process. I began the presentation of my demonstration project by sharing a spiritual autobiographical piece that I wrote in part to demonstrate what a spiritual autobiography of suffering exercise is and, just as importantly, to demonstrate my own use of this tool for my spiritual, pastoral, personal and professional formation. I do not believe in asking my students to do spiritual, emotional or professional development work that I am not willing to do and in which I am not actively engaged myself. Doing these things and attending to my own issues of professional and personal growth keeps me intimately familiar with the terrain of the journey that CPE students are expected to take. It also keeps my supervisory practice congruent with my theory and allows me to more fully utilize myself in relation to my students. This practice increases the conditions of possibility that allow growth to happen in the students. Drawing on what I learn from my ongoing personal and professional practice, I can help them construct bridges between

awareness and action. Because I am constantly constructing my own bridges, and therefore living out the belief and commitment to that process, I can help the students meet this inevitable challenge with imagination and strength.